

**BALTIMORE CITY  
HEALTH DEPARTMENT**

**BUREAU OF  
VITAL STATISTICS**

# **Birth Record**

**1886-1892**

**L02344-L02931**

**CR 77,465**

MSA CM1135



Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted, and it is the duty of every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, the practitioner shall immediately thereafter report the birth of such child to report its birth to the Commissioner of Health, and any such person or persons who shall be convicted of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Extra 5* *1*

Sex, (state whether male or female) *Girl*

Age or Color, (if not of the white race) *White*

Date of Birth, *Decr 22 1890*

Place of Birth, (Street and Number) *629 North Ave*

Full Name of Mother, *Julia H. Evans*

Mother's Maiden Name, *Ludington*

Mother's Birthplace, *Albany N.Y.*

Full Name of Father, *Harry Gill Evans*

Father's Occupation, *Clerk*

Father's Birthplace, *Illinois*

Name of Medical Attendant, or other person who makes this Return. *L. E. Boyle*

Address, *319 N. Monument*

Remarks, *1*

Each person or persons who shall hereafter fail to report the birth of a child to the Commissioner of Health within the time prescribed by law, shall be liable to a fine of ten dollars for each offense, and the person or persons who shall hereafter fail to report the birth of a child to the Commissioner of Health within the time prescribed by law, shall be liable to a fine of ten dollars for each offense, and the person or persons who shall hereafter fail to report the birth of a child to the Commissioner of Health within the time prescribed by law, shall be liable to a fine of ten dollars for each offense.

# RETURN OF A BIRTH. 102345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Dec 24th 1890

Place of Birth, (Street and Number) 405 W. Mulberry St.

Full Name of Mother, Wm. C. McQuinn

6. Mother's Maiden Name, Blanch

7. Mother's Birthplace, New York

8. Full Name of Father, Wm. McQuinn

9. Father's Occupation, Barber

10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Dr. E. A. ...

Address, 1319 W. ...

Remarks, \_\_\_\_\_

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or person or persons of such attendance upon the mother, immediately thereafter it shall be the duty of the mother or person or persons of such attendance to report its birth to the Commissioner of Health, in the form of a certificate, and this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in the City Court.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, Dec 24<sup>th</sup> 1891

Place of Birth, (Street and Number) 215 Madison Ave

Full Name of Mother, J. C. Thomas

Mother's Maiden Name, Carey

Mother's Birthplace, Balto

Full Name of Father, H. M. Thomas

Father's Occupation, Physician

Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. E. Thomas

Address, 1319 W. Green St

Remarks,

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED, 6-28-57  
RETURN OF A BIRTH.

2346

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Viola Patricia Hurley

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth December 7th - 1890
4. Place of Birth (Street and Number) 1242 Gay St Balto Md
5. Full Name of Mother Kate Hurley
6. Mother's Maiden Name Kate Link
7. Mother's Birthplace New London Ct
8. Full Name of Father Patrick Hurley
9. Father's Occupation ~~New London Ct~~ Baker
10. Father's Birthplace New London Ct

Name of Medical Attendant, or other Person who makes this Return. Leticia Plaine

Address 1708 East Eager St Balto

Remarks

Extract Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. *A 2347*

To the Office of Registrar of Vital Statistics, Board of Health. *152347*

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *5th*  
1. Sex (state whether Male or Female) *Female*  
2. Race or Color (if not of the white race) *White*  
3. Date of Birth *1st December 1890*  
4. Place of Birth (Street and Number) *237 Boker St*  
5. Full Name of Mother *Margaret F. Read Corgan*  
6. Mother's Maiden Name *Read*  
7. Mother's Birthplace *Baltimore Md*  
8. Full Name of Father *Henry Corgan*  
9. Father's Occupation *Laborer*  
10. Father's Birthplace *Baltimore Md*  
Name of Medical Attendant, or other Person who makes this Return. *Letitia Boone*  
Address *237 Boker St 1703 East Laver St*  
Remarks

Extract Regulations of the Health Department to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall file up a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately the child shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH

152348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2<sup>nd</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Jan 23<sup>d</sup> 1890*
4. Place of Birth, (Street and Number) *1142 Nauticae St*
5. Full Name of Mother, .....
6. Mother's Maiden Name, .....
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Peter B Smith*
9. Father's Occupation, *Huckster*
10. Father's Birthplace, *Baltimore* *Geo R Latham MD*
- Name of Medical Attendant, or other person who makes this Return, *725 Columbia Ave*
- Address, .....
- Remarks, .....

# RETURN OF A BIRTH.

CERTIFICATE CORRECTED 1-3-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Cyril Paul Hesser

No of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 1. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be taken shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained by the name of each child, if any shall have been conferred its sex, color, the full name and occupation of its mother, the date and place of birth, and the name of the medical attendant, and shall be signed by the midwife or other person who has attended the birth, and shall be presented to the Office of the Registrar of Vital Statistics, Board of Health, on or before the third day of each month, and shall be retained by the Office of the Registrar of Vital Statistics, Board of Health, until the next meeting of the Board of Health, when it shall be open to the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



Extract Regulations of the Health Department to secure full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the date of birth, the sex, color, the full name of the child, the date and place of birth, and the name of the mother, and shall be signed by the midwife or physician, or other person who has attended the birth of any child, and shall be delivered, duly signed by the midwife or physician, or other person who has attended the birth of any child, to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

102350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

~~James E. Estling~~  
Sarah E. Estling  
2206 Estling St.



## T-351

1032

4 of

Annals

white

June 20/90

1623 Lafayette Ave

299.12. 1912

1875

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Mr. F. Jones

As the Jones  
Co. has been

Country Manufacturer

De la Torre Miguel

102, 4. *Lin. luc. 102*

132711 Glycerine

SECTION 6. And be it further enacted and ordained: That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall heretofore take place, shall keep a true and correct record of said birth, and shall enter the same on a blank schedule to be furnished by the Comptroller of the City of Baltimore, and shall cause the same to be filed in the office of the Comptroller. This schedule shall contain a list of the births which have occurred under his or her care, and shall set forth, as far as the same can be ascertained, the full name of each child, of its race and color, the full name and occupation of its parents, the day and the hour of its birth, the place of its birth, and the said schedule shall have to be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of the month following the birth of the child. In case the birth of any child should occur without the attendance of a physician, or of a practitioner of midwifery, or in case the birth of any child should occur under the attendance of a physician, or of a practitioner of midwifery, within the period above required, except in the case of the birth of a child, in the manner, and by the means, and by the persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten dollars for each offense to be recovered as other fines and penalties are recovered.

JOHN B. PIET & CO., CITY PRINTERS AND STATIONERS.  
JOHN MURPHY & CO., CITY PRINTERS AND STATIONERS.

Extract Regulations of the Health Department to secure a full and correct  
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practising midwifery in the City of Baltimore under whose charge or Superintendence a birth shall hereafter take place shall keep a full and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th* 12352 2-235

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *21 July 1890*

4. Place of Birth, (Street and Number) *N.W. Corner of Howard St. & Fayette St.*

5. Full Name of Mother, *Agnes Werner*

6. Mother's Maiden Name, *Agnes Fencike*

7. Mother's Birthplace, *Posen, Germany.*

8. Full Name of Father, *Dieterik Werner*

9. Father's Occupation, *Grocer*

10. Father's Birthplace, *Germany, Hapsia*

Name of Medical Attendant, or other Person who makes this Return, *D. S. Reinhard*

Address, *220 W. Madison Street*

Remarks, *CHILD NAME ADDED. 14-3-53*

Extract Regulations of the Health Department to assure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep one and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each month, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, -

*Address,*

Remarks,

Record of Vital Statistics in the City of Baltimore.  
SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his charge, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of birth of the mother. It shall become the duty of the person or persons be in attendance upon the mother, immediately after the birth of the child, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH <sup>L02354</sup>

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *March 29 1890*
4. Place of Birth, (Street and Number) *Washington 486*
5. Full Name of Mother, *Rena Hunt*
6. Mother's Maiden Name, *Lewis*
7. Mother's Birthplace, *Belgium*
8. Full Name of Father, *James*
9. Father's Occupation, *labor*
10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary Kopter*

Address, *Washington 205*

Remarks,

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall record as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, the date and place of birth, the occupation of its parents, the date and place of birth, and the third day of each and every month, to the office of the Commissioner of Health, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or without no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH L62355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, March 15/90
  4. Place of Birth, (Street and Number) 128 N. Fremont
  5. Full Name of Mother, Anna Boston
  6. Mother's Maiden Name, Anna Daniels
  7. Mother's Birthplace, Wilmington N.C.
  8. Full Name of Father, R. D. Boston
  9. Father's Occupation, Lab
  10. Father's Birthplace, Portsmouth Va
- Name of Medical Attendant, or other person who makes this Return, John W. Williams
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any child has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second month of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the said schedule shall be filled up by the father, in the same manner and within the same time as if the child to report its birth to the Commissioner of Health, and shall be subject to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 7th 1888

4. Place of Birth, (Street and Number) No 1738 E Lombard St

5. Full Name of Mother, Richard L. Large

6. Mother's Maiden Name, W. H. Large

7. Mother's Birthplace, Germany

8. Full Name of Father, William J. Large

9. Father's Occupation, Clerk

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. J. Large

Address, 1738 E Lombard St

Remarks, Living

Record of Vital Statistics in the City of Baltimore.  
SECTION 1.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and exact register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and his schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, date of birth, the name and occupation of the parents, the date and place of birth, and the name of the physician or practitioner in the room of a certifier between the first and third day of each and every month, to be signed by the physician or practitioner of the hospital, or by the midwife, or by the person or persons who shall occur without the attendance of a physician or practitioner, and shall report the same to the Commissioner of Health, in the manner and within the time and place required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A 2357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup> time.*
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race) *Negs*
3. Date of Birth, *June 25*
4. Place of Birth, (Street and Number) *S. Caroline St. 719*
5. Full Name of Mother,
6. Mother's Maiden Name, *Anna Hajek*
7. Mother's Birthplace, *Cajeland*
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,
- Name of Medical Attendant, or other person who makes this Return, *Marie Press*
- Address, *S. Dallas St. 843*
- Remarks,





SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as follows for each birth: (1) The date of birth; (2) The place of birth; (3) The sex, color, race, and full name of the child; (4) The full name of the mother; (5) The full name of the father; (6) The occupation of the father; (7) The birthplace of the father; (8) The name of the medical attendant; (9) The address of the mother; (10) The name of the child; (11) The date of the birth; (12) The place of birth; (13) The sex, color, race, and full name of the child; (14) The full name of the mother; (15) The full name of the father; (16) The occupation of the father; (17) The birthplace of the father; (18) The name of the medical attendant; (19) The address of the mother; (20) The name of the child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH 132358  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *June 24-1890*

4. Place of Birth, (Street and Number) *1515-15th St. N. W.*

5. Full Name of Mother, *Lizzie Thomas*

6. Mother's Maiden Name, *Lizzie Thomas*

7. Mother's Birthplace, *Accomack Co. Va.*

8. Full Name of Father, *John Thomas*

9. Father's Occupation, *Work on ice wagon*

10. Father's Birthplace, *Frederickburg Va.*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. B. Taylor*

Address, *1515 15th St. N. W.*

Remarks, \_\_\_\_\_



Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of the month, it shall become the duty of the person or persons be in attendance upon the birth, to immediately report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

152359



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 23 1890

4. Place of Birth, (Street and Number) 1122 1/2 E. 1st St

5. Full Name of Mother, John J. Jones

6. Mother's Maiden Name, John J. Jones

7. Mother's Birthplace, West Virginia

8. Full Name of Father, John J. Jones

9. Father's Occupation, West Virginia

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, John J. Jones

Address, 1122 1/2 E. 1st St

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth is taken, shall hereafter take place, shall be subject to the provisions of the act in that behalf made, and shall be liable to the same penalties and forfeitures as are provided for in the act in that behalf made, and shall be liable to the same penalties and forfeitures as are provided for in the act in that behalf made.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
  2. Race or Color, (if not of the white race) race
  3. Date of Birth, 9 of June
  4. Place of Birth, (Street and Number) 1719 4th Thoms
  5. Full Name of Mother, Katarina Franciszkowski
  6. Mother's Maiden Name, Katarina Gregorzka
  7. Mother's Birthplace, Polen
  8. Full Name of Father, Ignacy Franciszkowski
  9. Father's Occupation, Workmen
  10. Father's Birthplace, Polen
- Name of Medical Attendant, or other person who makes this Return, Anne Grewzkowak
- Address, 803 South Dallas st.
- Remarks,



And every father, mother, or other person practicing midwifery in the City of Baltimore under whose charge a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the birth, and shall be filled out by the person or persons who shall have been conferred its sex, color, the full name and occupation of its parents, and the date and place of birth, and the date and time of its delivery, and the name of the physician or practitioner of midwifery, or should no other person be present at the birth, the name of the person or persons who shall have been immediately thereafter in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A. 2361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) male
  2. Race or Color, (if not of the white race) white
  3. Date of Birth, June 20 1890
  4. Place of Birth, (Street and Number) 617 W. Pratt St.
  5. Full Name of Mother, Sophie Michaelis
  6. Mother's Maiden Name, German
  7. Mother's Birthplace, Germany
  8. Full Name of Father, August C. Michaelis
  9. Father's Occupation, Salon keeper
  10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. C. Selbach
- Address, 735 W. Pratt St.
- Remarks, \_\_\_\_\_



Any person who shall neglect or refuse to take the birth of a child, or who shall neglect or refuse to report the birth of a child to the Registrar of Vital Statistics, or who shall neglect or refuse to furnish the Registrar with the name of the child, or who shall neglect or refuse to furnish the Registrar with the date and place of birth, or who shall neglect or refuse to furnish the Registrar with the sex of the child, or who shall neglect or refuse to furnish the Registrar with the race or color of the child, or who shall neglect or refuse to furnish the Registrar with the name of the mother, or who shall neglect or refuse to furnish the Registrar with the name of the father, or who shall neglect or refuse to furnish the Registrar with the occupation of the father, or who shall neglect or refuse to furnish the Registrar with the birthplace of the father, or who shall neglect or refuse to furnish the Registrar with the name of the medical attendant, or who shall neglect or refuse to furnish the Registrar with the address of the medical attendant, or who shall neglect or refuse to furnish the Registrar with the remarks, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

LS2362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, June 22 1890
4. Place of Birth, (Street and Number) Ann Street 1006
5. Full Name of Mother, M. J. J. J.
6. Mother's Maiden Name, 1
7. Mother's Birthplace, Germany
8. Full Name of Father, M. J. J. J.
9. Father's Occupation, 1
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary K. J. J.

Address, 205

Remarks, W. J. J. J.

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should any other person shall occur without the attendance of a physician or practitioner of midwifery, or should any person be child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH. L52363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 D.
1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 1023. Parish: Alley. 11.
4. Place of Birth, (Street and Number) Juni of: 29.4. 1.
5. Full Name of Mother, Johanna Gwaster.
6. Mother's Maiden Name, Johanna Janetzky.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Heinrich Gwaster.
9. Father's Occupation, Lock: Smid.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Augusto Borien.
- Address, 3. Henrietta: St.
- Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred by ex. color, the full name and occupation of its parents, the date and place of birth; and the sex, color, and condition of the child at birth, and the day of each and every occurrence of such birth, and shall occur upon the attendance of a physician or practitioner of midwifery, or shall be reported by the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH.

12364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, June 27th

4. Place of Birth, (Street and Number) 913 Liberty St.

5. Full Name of Mother, Eleanor Meyer

6. Mother's Maiden Name, Eleanor Schwabert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles B. Meyer

9. Father's Occupation, Coach Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Augusto Berien

Address, 3. Henrietta St.

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as may be known the following particulars, to-wit: the name of the child, its sex, color, the full name and occupation of its father, the name and occupation of its mother, the place where born, the date of birth, and the date of its registration, and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

102365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether male or female), *female*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, *27 June*

4. Place of Birth (Street and Number), *14 49 ~~W~~ Victoria St*

5. Full Name of Mother, *Alice Paul*

6. Mother's Maiden Name, *McLennan*

7. Mother's Birthplace, *Donton*

8. Full Name of Father, *James W. Ward*

9. Father's Occupation, *man*

10. Father's Birthplace, *13 13*

Name of Medical Attendant, or other person who makes this Return, *James W. Ward*

Address, *13 13*

Remarks, *man*



L2366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

the fifth one.

1. Sex. (state whether male or female)

Make

2. *Race or Color, (if not of the white race)*

It is a cold, child.

3. *Date of Birth,*

22 Second day of June

4. *Place of Birth, (Street and Number)*

221 Welborne Valley

5. *Full Name of Mother.*

he used the sharks.

6. *Mother's Maiden Name.*

Her skaiden beneštetu i llošis

7. *Mother's Birthplace.*

her berth extends here Virginia

8. *Full Name of Father,*

Thomas Burke.

### 9. *Father's Occupation*

Carlin man

### 10. *Father's Birthplace*

eastern ~~here~~. *Shoe quinaria*

Name of Medical Attendant,

7. or other person who makes this Return *Millie Cook*

*Address,*

229 Wake Street

Remarks.



Section 7. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall forthwith forward the same to the Commissioner of Health, and the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its mother, and the date of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother of 2 children*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Caucasian*

3. Date of Birth, *June 21<sup>st</sup> 1890*

4. Place of Birth, (Street and Number) *239 Arlington Avenue*

5. Full Name of Mother, *Carrie Calbard*

6. Mother's Maiden Name, *Carrie Short*

7. Mother's Birthplace, *Charles County Md*

8. Full Name of Father, *Elisk Calbard*

9. Father's Occupation, *Brick maker*

10. Father's Birthplace, *Howard County Md*

Name of Medical Attendant, or other person who makes this Return, *Dr. William Jones*

Address, *1121 Saratoga Street*

Remarks,

[illegible]

Section 7—And be it further enacted, and ordained, that every person procuring and causing to be printed, published, or otherwise to be distributed, or to be put in circulation, any of the following libels, or any of them, shall be deemed guilty of a crime, and shall be liable to be punished, in the manner and to the extent hereinafter provided, to wit:—

~~102368~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) *This is the 2<sup>nd</sup> one*  
1. Sex, (State whether male or female) *This is a girl*  
2. Race or color, (if not of the white race) *This is colored*  
3. Date of Birth, *Born on the 12<sup>th</sup> day of June 1870*  
4. Place of Birth, (Street and Number) *No. 119 W. West St. Baltimore*  
5. Full Name of Mother, *Georgianna Pullay*  
6. Mother's Maiden Name, *Georgianna Pullay*  
7. Mother's Birthplace, *Eastern Shore of Maryland*  
8. Full Name of Father, *John Williams*  
9. Father's Occupation, *Seaman*  
10. Father's Birthplace, *Eastern Shore of Maryland*  
Name of Medical Attendant, *or other person who makes this Return.* *Caroline Moore*  
Address, *1247 E. West St. Baltimore*  
Remarks, *-*

RECORD OF VITAL STATISTICS IN THE CITY OF BALTIMORE  
SEC 2363 - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct record of the births, deaths, marriages, divorces, and adoptions of children, and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, at the expiration of each month, and shall be liable to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH L32363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (State whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, June 16 1890

4. Place of Birth, (Street and Number) Florence St 1613 Baltimore

5. Full Name of Mother, Sarah Sparvel

6. Mother's Maiden Name, Sarah Ribeling

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George Spaul

9. Father's Occupation, Assistant Brass foundry

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Dancy

Address, 1635 Balto St

Remarks, None

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (*state whether male or female*) *Male*

2. Race or color. (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, ...

Wm. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the entries which shall be made thereon by the midwife or other person practicing midwifery in the City of Baltimore. The full name of each child if any shall have been ascertained shall be entered on the said schedule. The date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A 192371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 14

4. Place of Birth, (Street and Number) 1575 Ridgely St

5. Full Name of Mother, Mary Handshuk

6. Mother's Maiden Name, Germann

7. Mother's Birthplace, German

8. Full Name of Father, John Handshuk

9. Father's Occupation, Driver

10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, Mrs. Benge

Address, 1575 Ridgely St

Remarks, Germans 74, 100, 200

SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to register of such birth, and shall enter the same on a blank form to be furnished by the Commissioner of Health, and shall file the same with the Commissioner of Health, and shall be liable for as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

102572



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 24/80

4. Place of Birth, (Street and Number) Washington 205

5. Full Name of Mother, Mary Langchning

6. Mother's Maiden Name,

7. Mother's Birthplace, Rahamen

8. Full Name of Father, Joseph Langchning

9. Father's Occupation, Tailor

10. Father's Birthplace, Rahamen

Name of Medical Attendant, or other person who makes this Return, Mary White

Address, Washington 205

Remarks,

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of the mother, the date of birth, the sex of the child, the place of birth, and the date of delivery, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Extract & Quotations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.



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John Murphy & Co., City Printers and Stationers

1111 1/2 N. 1ST ST. S. CITY PRINTERS AND STATIONERS

102376

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- WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Extract Regulations of the Health Department of the City of Baltimore.  
Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be made, shall keep a true and correct list of all births occurring in the City of Baltimore, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall file the same with the Commissioner of Health, and shall retain the same for the use of the Commissioner of Health, and shall be liable to be fined for each offense to be recovered as other laws and ordinances are now or may hereafter be enacted and ordained.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>  
Sex, (state whether male or female) Female  
Race or Color, (if not of the white race) White  
Date of Birth, November 27-90  
Place of Birth, (Street and Number) 125 S. Hill St.  
Full Name of Mother, Barbara Reckner  
Mother's Maiden Name, Broscholsman  
Mother's Birthplace, City  
Full Name of Father, Harry Reckner  
Father's Occupation, Railroader  
Father's Birthplace, City  
Name of Medical Attendant, or other Person who makes this Return, Frank G. Myers, M.D.  
Address, 27 E. 1st  
Remarks,

L 02377 1/2

[illegible]

1. Sex, (state whether male or female).

3. Date of Birth, 28 June 1940

5 Full Name of Mother, Bessie Friedlander

7. Mother's Birthplace *Massachusetts*

8. Full Name of Father, *James Miller*

10. Father's Birthplace, Nov. Klemm, Germany

Address, ..... H.H.R. S. M. Bank. N.Y.

Remarks, .....

102378

[illegible]

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Mary McArdle

Way Brown

City -

William E. McCord

Clark

City

Mr. Frank Grunert, Jr.

5.                     

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Sept 2, 1942  
Name added from  
baptismal record Doc  
file L 02379  
J. E. Brown  
Baltimore

Extract Regulations of the Board of Health to send to the City of Baltimore.  
correct Record of Vital Statistics

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH

L 02380

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 29 1940*
4. Place of Birth, (Street and Number) *1600 Greenmount Ave*
5. Full Name of Mother, *Rose R. Haberman*
6. Mother's Maiden Name, *Levinson*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Isaac M. Haberman*
9. Father's Occupation, *Cigar Manufacturer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other Person who makes this Return *Dr. H. H. H. H.*
- Address, *1006 E. Baltimore St*
- Remarks.

~~LJ5681~~

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Frma, Cr

Whit

December 7-90

11 N. Kent St.

Johnna Lach

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Restaurateur

W. L. Lamb

Mark G. Meyer M.D.

425 York St.

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John Murphy & Co., City Printers and Stationers.



Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall maintain a list of the births which have occurred in his or her care during the month, and shall, by sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, be delivered, duly signed by the practitioner of midwifery, or should no other person such as a physician or a midwife, be present at the birth, then by the person or persons who shall be present, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 192382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec: 7 - 90*

4. Place of Birth, (Street and Number) *214 N. Calvert*

5. Full Name of Mother, *Mrs. Hunter*

6. Mother's Maiden Name, *Mary Connor*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Matthew George M. Hunter*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *A. Haller*

Address, *115 N. Lombard St.*

Remarks, *Case attended by two students in the Out Don Obstetric Department of Maternity*

See document file Reg No. 2382.  
L. E. Wilkin Reg.  
June 1-1939

Extract Regulations of the Health Department to secure full and correct Record of Vital Statistics in the City of Baltimore.  
Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any child born, and the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the occupation of the father, the birthplace of the father, the name of the medical attendant, and the address of the mother. The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of the child, the person or persons of such child to report its birth to the Commissioner of Health, and shall be subject to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

L. 2383

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) female

Race or Color, (if not of the white race) colored

Date of Birth, Dec 27 1890

Place of Birth, (Street and Number) 928 1/2 Horner Alley

Full Name of Mother, Annet Wilkine

6. Mother's Maiden Name, Robinson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Charlie Wilkine

9. Father's Occupation, coachman

10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return, Edwin Cotnam

Address, 809 Preston Street

Remarks, \_\_\_\_\_

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license issued by the Board of Health, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the license of the Commissioner of Health, and shall set forth as far as the same can be ascertained the name of the child, the date and place of birth, and the sex, color, and occupation of the mother, the full name and occupation of the physician or practitioner of midwifery, in case the birth of any child shall occur when the mother is under the attendance of a physician or practitioner of midwifery, or should no other person be in attendance when the mother is delivered, the full name and occupation of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Extract Regulations of the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *eight*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *December 31/90*
4. Place of Birth, (Street and Number) *664 Portland*
5. Full Name of Mother, *Mary Mary*
6. Mother's Maiden Name, *Mary Stein*
7. Mother's Birthplace, *Balto*
8. Full Name of Father, *John Mary*
9. Father's Occupation, *Police*
10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Mrs C. Seibach*
- Address, *735 11 Pratt St*
- Remarks,

**Section 7.** And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under and by the charge or superintendence of a birth record officer, shall keep a true and correct register of such birth, and shall enter the same in the birth record book, schedule to be furnished by the Commissioner of Health. This schedule shall contain the list of the births which have occurred under his or her care during the month, and shall set forth, the full name and occupation of its parents, the date and place of birth, and the date when the child was born, and the date when the child was delivered, and the name of the mother of the child, and the name of the father of the child, and the name of the physician or practitioner of midwifery, who attended upon the mother, immediately thereafter it shall become the duty of the Commissioner of Health, in the register the provisions of this section shall be subscribed to by the person who shall hereafter be designated to report its birth to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c )

7. Sex, (state whether male or female)

Race or Color, (if not of the white race)

Date of Birth, 22<sup>nd</sup> December, 1890.

Place of Birth, (Street and Number) 658 Portland, Ill.

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs C. Sebach 733 W. Pratt St

Remarks,

Extract Regulations of the Health Department to Section 111  
Record of Vital Statistics in the City of Baltimore.

SECTION 111. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health, in the manner and within the time hereinafter prescribed, and shall retain the same until the expiration of one month, and shall set forth as far as the same can be ascertained the full name of each child of any birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner or practitioner in the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner thereof, it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter, to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, and the same shall be recoverable by the Commissioner of Health.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2

1. Sex, (state whether male or female) Male. Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Boy 10 Sept 1890. Girl 27 Dec. 1890

4. Place of Birth, (Street and Number) Indep. Ave. Apt. 23

5. Full Name of Mother, Elizabeth Miller

6. Mother's Maiden Name, Elizabeth Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, Frank Miller

9. Father's Occupation, Upholster

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Seabach

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

SECTION 7. - And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and said schedule shall contain a list of the persons born, the date and place of birth, and the sex, race or color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner with which the person or persons shall be acquainted, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

Extract Regulations of the Health Board of Baltimore  
Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH. 52387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c) Hyattson 102006  
1. Sex, (state whether male or female) Girl  
2. Race or Color, (if not of the white race) Colored  
3. Date of Birth, Dec 17 1890  
4. Place of Birth, (Street and Number) Hyattson 102006  
5. Full Name of Mother, Henrietta Hook  
6. Mother's Maiden Name, Henrietta Young  
7. Mother's Birthplace, Gotham Virginia  
8. Full Name of Father, William P. Hook  
9. Father's Occupation, Wailer  
10. Father's Birthplace, Colfaxville Pa. t. Camby  
Name of Medical Attendent, or other person who makes this Return, Carrie Rowens 16 10  
Address, same as above  
Remarks,



## RETURN OF A BIRTH 192388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or color. (if not of the white race)

White

3. *Date of Birth,*

Dec 31. 90

Place of Birth, (Street and Number)

622 Register

*Alt Name of Mother,*

Katie Schuth

Mother's Maiden Name.

Chiss

*Mother's Birthplace,*

Germany

5. *Full Name of Father,*

Geo Smith

9. *Father's Occupation,*

Shoemaker—

10. *Father's Birthplace,*

Germany

*Name of Medical Attendant.* or other person who makes this Return,

Fred Wheeler M.D.

*Address,*

1921 Canton Av.

Remarks.

Wm J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, under whose charge or superintendence a birth shall occur, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her supervision, and shall be delivered, duly signed by the person practicing midwifery, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9 Birth*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *Caucasian*

3. Date of Birth, *327. Orchard St.*

4. Place of Birth (Street and Number), *30th Ave. 90.*

5. Full Name of Mother, *Mary Rebecca Johnson*

6. Mother's Maiden Name, *Mary Rebecca Robinson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joseph Johnson*

9. Father's Occupation, *Supplier*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Eden Hall*

Address, *1234 Ething St.*

Remarks,



SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the city of Baltimore, under these charges or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and enter the same in a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain the following questions, to be answered in full, and shall set forth as far as the same can be ascertained, the name of the mother, the name of the child, the sex, color, the full name and occupation of its parents, the date of its birth, the date of its delivery, the date of its registration, the date of its first attendance, the date of its first attendance upon the mother, the date of its first attendance upon the father, the date of its first attendance upon the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH 2390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *Caucasian*

3. Date of Birth, *27th July*

4. Place of Birth (Street and Number), *Hillman St.*

5. Full Name of Mother, *Anna Johnson*

6. Mother's Maiden Name, *Anna Jackson*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Joseph Johnson*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *British*

Name of Medical Attendant, or other person who makes this Return, *Edwin Howell*

Address, *1211 E. Hunting St.*

Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be charged with the supervision of a birth, shall hereafter take place, shall keep a true and correct register of such births, and shall cause the same to be entered in a book to be kept by him or her.

This schedule shall contain a list of the births which shall be entered in the said schedule, and shall set forth as far as the same can be ascertained the full name of each child, its date of birth, its sex, its color, its age, its place of birth, the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health.

And be it further enacted and ordained that every person practicing midwifery, or should no other person be in attendance upon the birth of a child, shall be bound to report to the Commissioner of Health, in the manner and within the period of time specified in this section, the names of the persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), *A. Stewart*

3. Date of Birth, 13th November 1891

4. Place of Birth (Street and Number), 221 West 12th St.

5. Full Name of Mother, *Josephine A. Smith*

6. Mother's Maiden Name, Myra Mae Cudde

7. Mother's Birthplace, Wichita, Kansas

8. Full Name of Father, *Heath, George*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Boxford, England*

Name of Medical Attendant, or other person who makes this Return. Edwin M. Smith

Address, 1837, N. Highland.

Remarks, \_\_\_\_\_

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such births and shall submit a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the midwife, to the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health, or in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if and no other person be in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required shall submit to any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each child to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 152332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 15 - '90.

4. Place of Birth, (Street and Number) 171 Harrison St.

5. Full Name of Mother, Laura Alexander

6. Mother's Maiden Name, Md

7. Mother's Birthplace, Md

8. Full Name of Father, \_\_\_\_\_

9. Father's Occupation, \_\_\_\_\_

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendent, or other person who makes this Return, A. Haller.

Address, 116 N. Lombard St.

Remarks, Case attended by two students in the Maternale and Don Obstetric Department.

SECTION 7.—And be it further enacted, That any person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall, on or before the first day of each month, file with the Commissioner of Health, a list of the births which have occurred under his charge or supervision, containing the full name of each child, its sex, color, its date of birth, its place of birth, and the name and occupation of its parents, and shall also file with the Commissioner of Health, a certificate between the first and third day of each month, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

RETURN OF A BIRTH

L52393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Helen Gertrude* ——— *Schmidt*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (State whether male or female) *Female*  
2. Race or color, (if not of the white race) *White*  
3. Date of Birth, *Nov 17 1890*  
4. Place of Birth, (Street and Number) *Hanover near Camden St.*  
5. Full Name of Mother, *Mrs. B. Schmidt*  
6. Mother's Maiden Name, *Mrs. Baker*  
7. Mother's Birthplace, *Balto Co. Md.*  
8. Full Name of Father, *Charles Schmidt*  
9. Father's Occupation, *Druggist*  
10. Father's Birthplace, *Baltimore City*  
Name of Medical Attendant, or other person who makes this Return, *J. Hamer Hill M.D.*  
Address, *817 N. Holliday St.*  
Remarks, *CHILD NAME ADDED 5-13-54*  
*L.M.*

Record of Vital Statistics in the City of Baltimore.

**SECTION 7.**—And he it further enacted, That every person practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have taken place during the month of January, and shall set forth, in full name and occupation of its parents, the date and place of birth; and the date when conferred its birth certificate, signed by the practitioner in the form of a certificate between the first and second months of each year, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no parents of such child be known, the mother, immediately thereafter it shall become the duty of the mother, to report its birth to the Commissioner of Health, in compliance with the provisions of this section shall be subject to the fine of ten dollars for each such person or persons who shall hereafter be convicted of any offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-25-55

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna mae Bramble

1. Sex, (state whether male or female) *Male*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Nov. 24. 1890*
4. Place of Birth, (Street and Number) *344 E. Hollingdale Ave*
5. Full Name of Mother, *George Carmine Drummie*
6. Mother's Maiden Name, *E. C. Craley*
7. Mother's Birthplace, *Palmer, Calif*
8. Full Name of Father, *Virginia Ann Drummie*
9. Father's Occupation, *Bookbinder*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, *James E. Drummie M.D.*  
or other person who makes this Return.
- Address, *1701 E. Baltimore St.*
- Remarks, \_\_\_\_\_

102395

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

10. *Father's Birthplace,*

Remarks.

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Extract Regulations of the Health Department in the City of Baltimore.  
SECTION 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a record of the birth of each child, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which shall be entered under his or her care during the month, and shall set forth as far as possible the name, sex, color, and occupation of its parents, the date and place of birth, and the day of each child's delivery. The said schedule shall be duly signed by the practitioner in the form of a certificate between the first and third day of each month, and shall be delivered to the office of the Commissioner of Health, or to the person in charge of the attendance upon the mother, immediately thereafter it shall be filed in the office of the Commissioner of Health, and the said schedule shall be retained by the Commissioner of Health for a period of one year, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence.

# RETURN OF A BIRTH <sup>A.</sup> L02396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Edna Elizabeth Bristow*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

Sex, (state whether male or female) *Female*

Race or color, (if not of the white race) *White*

Time of Birth, *Nov. 27, 5:30 A.M. 1890*

Place of Birth, (Street and Number) *1312 Orleans St.*

Full Name of Mother, *Edna Elizabeth Bristow*

Mother's Maiden Name, *E. R. Bristow*

Mother's Birthplace, *Specimens City, Ind.*

Full Name of Father, *Thos. Edm. Bristow*

Father's Occupation, *Collector*

Father's Birthplace, *Port Deposit*

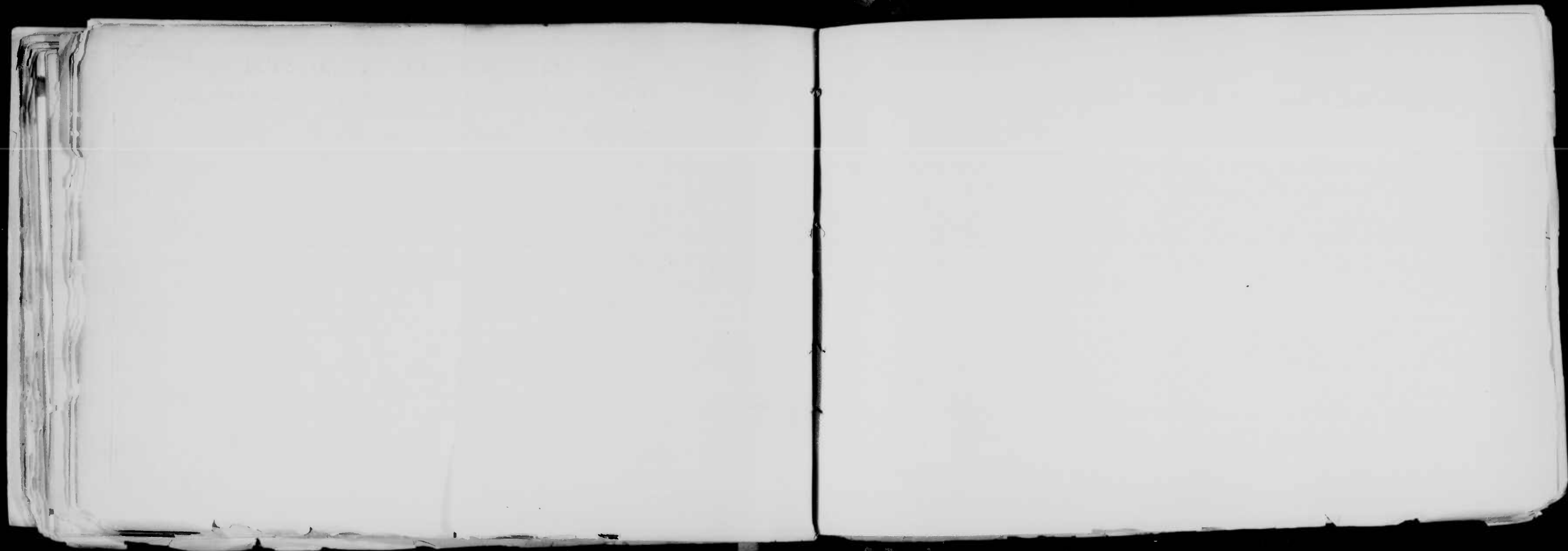
Name of Medical Attendant, or other person who makes this Return, *James C. Dornillee M.D.*

Address, *1701 E. Baltimore St.*

Remarks, **GIVEN NAME ADDED.** *3-28-52*

*This also was in consequence of absence*







RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Edgar Louis  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex (state whether male or female)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address, ..

Remarks,

COPIES BY Ins. Policy dated 6/27/1916  
SEE DOCUMENT FILE NO. 67397  
DATE 1/13/1972 WV Jules  
Director

RETURN OF A BIRTH 192398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race).....

3. Date of Birth, January 22, 1901

4. Place of Birth, (Street and Number) Culiacan - 77 - 4 - Academia

5. Full Name of Mother, Wanda Jane Moore Hume

6. Mother's Maiden Name, Isabel Jane

7. Mother's Birthplace, Honolulu, Oahu

8. Full Name of Father, John M. Baker

9. Father's Occupation, Handwritten

10. Father's Birthplace, Laurel to 1st St. La. Mo. 6400

Name of Medical Attendant, or other person who makes this Return. ....

Address, .....

Remarks, .....

Extract Regulations of the Health Department to secure a  
Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or supervision the same shall hereafter take place, shall keep a true and correct register of such births, and the same shall be in the form of a blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his authority, shall have thereon and shall set forth as far as the same can be ascertained the full name of the mother, the date of birth, and the sex, color, the full name and occupation of the father, the date and place of birth, and the said schedule shall be delivered, duly signed by the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance without the other, immediately thereafter it shall become the duty of the person or persons of such attendance on its birth to the Commissioner of Health, in the manner and within the period of time therein specified, that such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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Extract Regulations of the Health Department to secure full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct Register of such birth and shall enter the same on a blank form to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth: and the said schedule shall be delivered to the Commissioner of Health in the form of a certificate between the first and third day of each and every month, to be signed by the practitioner of midwifery. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the midwife or other person attending the birth shall immediately thereafter, and within the month, comply with the provisions of this section, and shall report the birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH A2100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Born on the 21st of January.

4. Place of Birth, (Street and Number) Birth place 201 South Eataway

5. Full Name of Mother, Maria Parker

6. Mother's Maiden Name, Margaret Grey

7. Mother's Birthplace, Accomack County, Va.

8. Full Name of Father, Nathaniel Parker

9. Father's Occupation, Meat Store.

10. Father's Birthplace, Accomack County,

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same in a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be kept for as long a time as the Commissioner of Health shall direct, and shall be subject to the inspection of the Commissioner of Health at any time. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be liable to a fine of ten dollars for each offense committed by him or her in violation of the provisions of this section.

# RETURN OF A BIRTH.

102401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
- Sex, (state whether male or female) *Male*
  - Race or Color, (if not of the white race) *White*
  - Date of Birth, *January 1891*
  - Place of Birth, (Street and Number) *Dunbar Hall 408*
  - Full Name of Mother, *Henry H. H. H.*
  - Mother's Maiden Name, *Bolunen*
  - Mother's Birthplace, *Bolunen*
  - Full Name of Father, *Joseph H. H. H.*
  - Father's Occupation, *Doctor*
  - Father's Birthplace, *Bolunen*
- Name of Medical Attendant, or other person who makes this Return. *Henry H. H. H.*
- Address, *Washington*
- Remarks,

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall contain a list of the births which have taken place under his or her care during the month, and shall set forth as far as the same can be ascertained, the date, the name of each child, of any child born, and the sex, color, the full name and occupation of the mother, the date and place of birth, and the date of delivery, and shall be delivered, duly signed by the midwife or practitioner of midwifery, to the Commissioner of Health, in the City of Baltimore, on or before the third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore, and shall occur without the attendance of a physician or other person, and shall be reported to the Commissioner of Health, in the City of Baltimore, by the midwife or practitioner of midwifery, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense.

# RETURN OF A BIRTH.

102401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *January 1891*
  4. Place of Birth, (Street and Number) *Dunsmuir all 408*
  5. Full Name of Mother, *Henry H. H. H.*
  6. Mother's Maiden Name, *Bachman*
  7. Mother's Birthplace, *Baltimore*
  8. Full Name of Father, *Joseph H. H. H.*
  9. Father's Occupation, *Color*
  10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Henry H. H. H.*
- Address, *Washington*
- Remarks,



RETURN OF A BIRTH A102402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex (state whether male or female) *girl*

Age or Color, (if not of the white race) white

Date of Birth, January 10 1890

Place of Birth, (Street and Number) *London, all 40 10*

Full Name of Mother, Mary Keenan

5. *Mother's Maiden Name,*

7. Mother's Birthplace, Bob Jensen

8. Full Name of Father, Thomas Shrivastava

9. Father's Occupation, *to live*

0. Father's Birthplace, Bahia

Name of Medical Attendant, or other person who makes this Return, Alvin J. [illegible]

Address, Washington 200

Remarks, .....

[illegible]

WM. J. C. DULANY & CO, CITY PRINTERS AND STATIONERS.

Extract Regulations of the Health Department to secure full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7. — And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth occurs, shall keep a true and correct record of the birth of every child born in the City, and shall enter the same in the blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the full name of each child, the date and place of birth; and the sex of each child, the name and occupation of its parents, the date of its birth, and the date of its registration. The said schedule shall be delivered, duly signed by the practitioner or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 102473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 2nd 1891

4. Place of Birth, (Street and Number) 103 W. Myrtle St.

5. Full Name of Mother, Mathe Pettus

6. Mother's Maiden Name, Malvest

7. Mother's Birthplace, Pa.

8. Full Name of Father, Leahy, William

9. Father's Occupation, Labeler

10. Father's Birthplace, Wilmington (Del.)

Name of Medical Attendant, or other person who makes this Return. Mrs. P. Hays

Address, 2524 Lancaster St.

Remarks, \_\_\_\_\_



LO2434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 12<sup>th</sup> 1891

4. Place of Birth, (Street and Number) No 913 H. Mary

5. Full Name of Mother, Birdie Jay

6. Mother's Maiden Name, Birdie Cummings

7. Mother's Birthplace, Baltimore

8 Full Name of Father, Thomas J. Jagg

8. *Fruit Name of Father,*  
9. *Father's Occupation,* *Labourer*

9. Father's Occupation, *Ballinore*

10. *Father's Birthplace,* .....  
*Name of Medical Attendant,* or other person who made this Return. *Catherine Mitchell*

Name of Medical Attendant, makes this Return.....  
Address *No. 908 West Pratt Street Baltimore*

Address, 220 8th St. N. W.

Remarks, .....

**ENACTED REGULATIONS OF THE HEALTH DEPARTMENT TO SECURE THE  
REPORT OF VITAL STATISTICS IN THE CITY OF BALTIMORE.**

**SECTIONS.** And be it further enacted and ordained that when a person practicing midwifery in the City of Baltimore, or under whose charge or superintendence a birth is taken place, shall receive a true commission of midwifery, and shall enter the said schedule, which shall be furnished to her or him by the Commissioner of Health, containing the said birth, which have occurred and been delivered of, any child of any shall have the same entry recorded in the said schedule, and the date and place of birth; and the date and place of delivery, the full name and occupation of its father, and certify between the first and third day of each month, to the office of the Commissioner of Health, in the City of Baltimore, the said schedule conferred upon him, delivered, duly signed by the practitioner or his agent, and in the presence of two or more persons, who shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, in the manner and within the period aforesaid, and shall cause to report its birth to the Commissioner of Health, so to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

L02415

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)..... 3

- John Murphy & Co., City Printers and Stationers

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L02476

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*...

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,...

67 Mother's Maiden Name.

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

*Address,*

Remarks,

John Murphy & Co., City Printers and Stationers.

10247?

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence any child is born, shall keep a true and correct register of such birth, and shall contain a list of the births which have occurred under his Commission and Health Certificate, in a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the name, date and place of birth; and the said schedule shall be delivered, duly signed and attested, to the Commissioner of Health, in the third day of each month, and the attendance of a physician or practitioner of midwifery, or should not be in such case upon the mother, immediately thereafter it shall become the duty of the physician or parents of such child to report its birth to the Commissioner of Health, in the manner and to the effect of the provisions of this section shall be submitted to the Commissioner of Health, who shall thereupon cause the same to be compared with other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)..... White Male

3. *Date of Birth,* ..... 9 January 1891.

Place of Birth, (Street and Number) *1614 24th St.*

53 Full Name of Mother, *Tracy Force*

6. Mother's Maiden Name, *Tracie Miller*

7. Mother's Birthplace, Walden, N.H.

8. ~~Full~~ Name of Father, *Paul Loren*

9. Father's Occupation, Schinner

10. *Father's Birthplace,*.....

Name of Medical Attendant, or other person who makes this Return. Lillian Schnapp

Address, \_\_\_\_\_

Remarks,..... Society/Church

SECTION 7. And he it further enacted, that every person practicing midwifery in the City of Baltimore under a license shall be required to keep a true and correct record of all births occurring in the City, and to cause the same to be entered in a book to be kept for that purpose, and to be subject to the inspection of the Registrar of Vital Statistics, who shall have the right to examine the same, and to require the production of the same at any time, and to require the correction of any error or omission, and to require the payment of a fine of ten dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

# RETURN OF A BIRTH.

L02458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Child

3. Date of Birth, 9 January 1891

4. Place of Birth, (Street and Number) 1614 24th St

5. Full Name of Mother, Lara Chumerson

6. Mother's Maiden Name, Lara Riepple

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Lara Chumerson

9. Father's Occupation, Solger

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return. Lizzie Chumerson

Address, 1614 24th St

Remarks, Lacust Print

RETURN OF A BIRTH. 102499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female)

9. Race or Color, (if not of the white race).

3. Date of Birth, 1st May 1898

4. Place of Birth, (Street and Number) 217 Conway St  
Hoboken, N.J.

25. Full Name of Mother,

6. ~~Mother's~~ Maiden Name,

7. *Mother's Birthplace,* .

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,

[illegible]



## RETURN OF A BIRTH. 192410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female)

2. ~~2.~~ Race or Color, (if not of the white race).

5. *Date of Birth,*

A. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

*Mother's Maiden Name,*

*Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address

Address, \_\_\_\_\_  
 Residence, \_\_\_\_\_

\*N. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS



Extract Regulations of the Board of Health of the City of Baltimore.  
That any physician, accoucheur, midwife or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH 102411

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

1st child  
Female  
Jan 10 1884  
Baltimore Md.  
Dania Essinger  
Dania Essinger  
Baltimore Md.  
Charles Essinger  
Baltimore Md.  
Dr. J. H. Smith

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

152

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 31 st. 1891

4. Place of Birth, (Street and Number) N. W. Cor. Princeton St. & Linden St.

5. Full Name of Mother, Laura V. Frost Hancock,  
Laura W. Hancock

6. Mother's Maiden Name, Baltimore, Md.

7. Mother's Birthplace,

8. Full Name of Father, Josia A. Hancock,

9. Father's Occupation, Grocer

10. Father's Birthplace, St. Charles Co., Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, Cabnet & Princeton St.

Remarks,

Make copy for 1190 also - B.A. - 1-6-38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).....

3. Date of Birth, Five days December 26 1891 (1900)

4. ~~Place of Birth~~, (Street and Number) *6411 1/2 Avenue A, New York City*

5. Full Name of Mother, Sila Llamas

6. *Mother's Maiden Name,* Sally Ann Farmer

7. Mother's Birthplace, Salisbury, Maryland

8. Full Name of Father, Frederick James

9. Father's Occupation, ..... *tailor*

10. Father's Birthplace, Monte Neuen

Name of Medical Attendant, or other person who makes this Return. Regina A. Neal

Address, \_\_\_\_\_

Remarks, .....

Extract Regulations of the Health Department to secure a  
Record of Vital Statistics in the City of Baltimore

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall occur, or who is employed by a physician to register of such births, shall be and he is hereby required to furnish to the Commissioner of Health a birth schedule, which schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, of any child who has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in case the birth of any child shall occur upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SECTION 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, or who shall deliver or assist in the delivery of a child, shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no child is born, or no other person be in attendance upon a birth, the practitioner or person in attendance shall nevertheless sign the schedule, and shall certify that no birth occurred during the month, and shall deliver the same to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L02414 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race)
  3. Date of Birth, Jan. 23 1891
  4. Place of Birth, (Street and Number) 1007 Arice Alley St.
  5. Full Name of Mother, Juli Yerscheit
  6. Mother's Maiden Name, Samely
  7. Mother's Birthplace, Germany
  8. Full Name of Father, Christian Yerscheit
  9. Father's Occupation, Letter Carrier
  10. Father's Birthplace, Zellmer
- Name of Medical Attendant, or other person who makes this Return L. H. Stein
- Address, 1427 E Pratt St.
- Remarks,

## RETURN OF A BIRTH. 192485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd

1. Sex, (state whether male or female).. *Female*

2. Race or Color, (if not of the white race) Colored

3. *Date of Birth,* February 1st 1891

4. *Place of Birth, (Street and Number)* W. Preston 508

5. Full Name of Mother, Adeline M. Heiner

6. Mother's Maiden Name, Addie W. Combs

7. *Mother's Birthplace,* Frederick City Md

8. Full Name of Father, Harry W. Winsel

9. Father's Occupation, Press-Hand in Can Factory

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Sarah C. Det

Address, 2206 Eting st

Remarks, \_\_\_\_\_

**Record of Vital Statistics in the City of Baltimore.**

SECTION 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred (sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place where the child was delivered), the signature of the practitioner of midwifery, and the date of the third day of absence from the attendance of a physician or a midwife. In case the birth of any child shall occur on the third day of absence from the attendance of a physician or a midwife, the practitioner of midwifery shall become the duty of the person or persons be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons be in attendance upon the mother to report its birth to the Commissioner of Health, ~~within~~ <sup>on or before</sup> the 3<sup>rd</sup> day of the month and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

4L32416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or color, (if not of the white race)

5/Date of Birth,

Place of Birth, (Street and Number)

5. *Full Name of Mother,*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, ...

[illegible]

Wm J. C. DULANEY &amp; CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. L32-17

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female).....male.....Louis V. elser

2. Race or Color, (if not of the white race) White

3. *Date of Birth,* February 3.

4. Place of Birth, (Street and Number) 1004 Panover street

5. Full Name of Mother, ..... Rachel Helsler

6. *Mother's Maiden Name,*.....

7. Mother's Birthplace, Russia

8. Full Name of Father, Joseph Vetter

9. Father's Occupation..... *Food store*  
10. Father's Birthplace..... *Russia*

10. Father's Birthplace, Massachusetts  
Name of Medical Attendant or other person who James A. Barber

Name of Medical Attendant, makes this Return, *Alfred J. Scott*  
Address *5 E. 12th St. N. Y.*

Address, ... *319 Madison Ave*

Remarks



SECTION 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall be required to register of such birth, and shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, 12 of 4 January

4. Place of Birth, (Street and Number) 429 Montgomery St

5. Full Name of Mother, Mary Skipper

6. Mother's Maiden Name, Skipper

7. Mother's Birthplace, Richmond

8. Full Name of Father, Jim Skipper

9. Father's Occupation, Scammon

10. Father's Birthplace, Laurel Sticks

Name of Medical Attendant, or other person who makes this Return. Anglin

Address, 218 N. Cross St.

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH L02419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

Date of Birth, ..... Feb. 14/96.

Place of Birth, (Street and Number)

Full Name of Mother, Ella Brooks.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks,

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

## 132420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

13<sup>th</sup>

Male

White

Feb 17th 1911

514 S. Bond St

Katie Harris

ms. 2. *Rondel*

-Germany

Geo Harris

Tailor

Germany

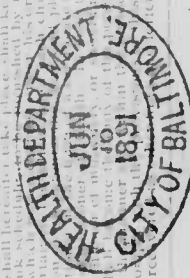
Frank Wheeler M.D.

1721 Canton Av.

Remarks,

A circular ink stamp from the Health Department of the City of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "CITY OF BALTIMORE" at the bottom. In the center of the stamp, the date "JUN 1" is printed above the year "1891". The stamp is slightly tilted and shows some wear.

Record of Vital Statistics in the City of Baltimore. And to further enforce and maintain that every person practicing medicine, as an officer of the health department, shall keep a true and correct register of such birth and shall enter the same on a blank schedule provided for that purpose, and shall cause the same to be signed by the physician or other person in attendance upon the mother, immediately after the birth of the child, and shall report its birth to the health department, and shall be liable to a fine of ten dollars for each failure to comply with the provisions of this section.



# RETURN OF A BIRTH

102421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 8th, 91

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Feb 18th 91

4. Place of Birth, (Street and Number) 432 S. Bond St

5. Full Name of Mother, Fannie Cohen

6. Mother's Maiden Name, Jacobs

7. Mother's Birthplace, Germany

8. Full Name of Father, Abraham Cohen

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Fred Weber M.D.

Address, 174 Canton Av.

Remarks,

SECTION 7. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician or practitioner of medicine, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore, during the month, and shall set forth as far as the same can be ascertained, the names of the parents, the date and place of birth, and the sex of the child, and shall be signed by the practitioner of midwifery, or should no other person be present, by the midwife, at the time of delivery, and shall be delivered, duly signed by the practitioner of midwifery, or should no other person be present, by the midwife, to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) White

3. ~~Date~~ <sup>Year</sup> of Birth, Feb. 19th, 1891

4. Place of Birth, (Street and Number) Cor. Druid Hill and Pleasantman St.

5. Full Name of Mother, Agness Giesie,

6. Mother's Maiden Name, Agness Sauer

7. Mother's Birthplace, Harford Co. Md

8. ~~Full~~ Name of Father, John H. Giesie,

9. Father's Occupation, Iron Moulder,

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Britton M.D.

Address, Calverton & Pleasant St.

Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore  
Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Board of Health. This schedule shall contain a list of the particulars required to be entered thereon, and shall be filled out by the midwife or other person in the family, or by the physician or other person in attendance upon the mother, immediately after the birth of the child, and shall be returned to the Board of Health on or before the third day of each and every month to the office of the Registrar of Vital Statistics, who shall cause the same to be entered in the register of births, and shall cause the same to be filed in the office of the Registrar of Vital Statistics. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 22nd 1891

4. Place of Birth, (Street and Number) 115 Falls Road

5. Full Name of Mother, Mary Dean Wood

6. Mother's Maiden Name, Mary Buchanan

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Dean Wood

9. Father's Occupation, Laborer

10. Father's Birthplace, Manchester Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, George H. Everhart M.D.

Address, 213 W. Huntington Ave.

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH 132424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

Date of Birth, ..... Mar. 4/91

Place of Birth, (Street and Number)

Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10) *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

*Address*

Remarks



1927.5


To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, March 11<sup>th</sup> 1891  
4. Place of Birth, (Street and Number) 242 Linnville St.  
5. Full Name of Mother, Abellie Macall  
6. Mother's Maiden Name, Abellie  
7. Mother's Birthplace, Calvert County Maryland  
8. Full Name of Father, John E. Macall  
9. Father's Occupation, Coachman  
10. Father's Birthplace, Calvert County Maryland  
Name of Medical Attendant, Dr. Walter G. Gault or other person who makes this Return.  
Address, 500 Pratt Street  
Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

## 195-135

[illegible]The seal of the City of Baltimore is a circular emblem. It features a central shield with a ship, surrounded by a wreath. The words "CITY OF BALTIMORE" are inscribed around the perimeter of the seal.

Record of Vital Statistics  
and be it further enacted and

SECTION 7. AB

1

1

1

1

192427A

A circular ink stamp from the Health Department of the City of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "CITY OF BALTIMORE" at the bottom. In the center of the stamp, the date "MAY 19 1891" is stamped. The stamp is partially overlapping the text "ore City." on the left.

[illegible]

1.  
2.  
3.  
4.  
5.

Address, 905 N. Charles St.

Remarks,

## RETURN OF A BIRTH. 28

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c ) 1st child

1. Sex, (state whether male or female) Female

2. *Race or Color, (if not of the white race)* .....

2. Date of Birth, 10 of March

4. Place of Birth, (Street and Number) 1018 N. C. St.

51 Full Name of Mother, Maggie Walker

61 Mother's Maiden Name, Margaret

7. Mother's Birthplace, B. C. & C.

8. Full Name of Father, Harold G. ...

9. *Father's Occupation,* \_\_\_\_\_

10. *Father's Birthplace*, 1301

Name of Medical Attendant, or other person who makes this Return. A. J. ...

Address, 218 9th Ave S

Remarks,

[illegible]

WM. J. C. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

Record of Vital Statistics in the City of Baltimore  
Section 7. And he further enacts, that every person practicing midwifery in the City of Baltimore under whose supervision a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his care and supervision, and shall set forth as far as possible the name of the child, the date and place of birth, and the sex of the child, and the name and occupation of its parents, the date and place of birth, and the name of the physician or midwife attending the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or persons of such child to report its birth to the Commissioner of Health, and shall file a copy of this section shall be subject to the fine of ten (10) dollars for each offense.

## RETURN OF A BIRTH.

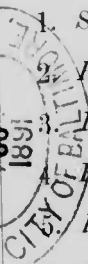
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*See*  
138430  
Name of Child: Amia Rack  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
1. Sex, (state whether male or female) Female  
Race or Color, (if not of the white race) White  
Date of Birth, March 11th 1891  
Place of Birth, (Street and Number) 1604 North Baltimore  
Full Name of Mother, Anna Rack  
2. Mother's Maiden Name, Wasserman  
3. Mother's Birthplace, Germany  
4. Full Name of Father, Joseph Wasserman  
5. Father's Occupation, Druggist  
6. Father's Birthplace, Prussia  
Name of Medical Attendant, or other person who makes this Return, Dr. M. J. Wasserman  
Address, 1604 North Baltimore  
Remarks, \_\_\_\_\_

CORRECTED BY Alfred A. Broderick  
SEE DOCUMENT FILE NO. L-32429  
DATE 11/5/43 M. A. Hohen  
CLERK

and reference to his child's  
being the husband of Anita Black's  
sister, Amelie S. Blackman.

SECTION 1. - And be it further enacted and ordained that every person practicing medicine in the City of Baltimore under whose charge or superintendence a birth is recorded shall be furnished by the Commissioner of Health with a blank schedule to be filled out and returned to the Commissioner of Health within ten days after the birth of the child. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, sex, color, date and place of birth, and the name of the physician or midwife attending the birth. In case the birth of any child is reported to the Commissioner of Health by a person other than the physician or midwife attending the birth, the said schedule shall be filled out by the practitioner in the form of a certificate between the first and third day after the birth of the child, and shall be returned to the Commissioner of Health within ten days after the birth of the child. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the Commissioner of Health.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar. 12/91.

4. Place of Birth, (Street and Number) 1626 Division St.

Full Name of Mother, Sarah Ginnifred Fulton

6. Mother's Maiden Name, Austin.

7. Mother's Birthplace, Mo.

8. Full Name of Father, Jas. I. Fulton

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. M. Christman M.D.

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth*,.....

4. *Place of Birth, (Street and Number)* ..... 1922 East 10th St.

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

Remarks,



102432

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1<sup>st</sup>*

Ray White

V White

14/91

112 House St

via C. Haynes

bus

Wm. M. D.

hall C. L. Harper

# hall Dinner

Frederick  
Lund

181. *Chrysomela* *Chrysomela* *Chrysomela*

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[illegible]

Section 7. And be it further enacted and ordained, That every person practicing midwifery in the City of Baltimore under whose charge or control a birth shall take place, shall keep a true and correct register of the same, and shall enter the same on a blank schedule, which shall be furnished to him or her by the Registrar of Vital Statistics, and shall set forth as far as the schedule shall contain a list of the birth, which shall be the full name of each child, if any shall have been conferred its sex, color, the date and place of birth, and the name of the mother, and shall be signed by the Registrar of Vital Statistics, and the Registrar of Vital Statistics shall be authorized to demand the attendance of a physician or practitioner of health, and to require him or her to attend upon the mother, immediately after the birth of any child, and to report its birth to the Commissioner of Health, and to require any such person or persons who shall fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 10253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.  
1. Sex, (state whether male or female) Boy.  
2. Race or Color, (if not of the white race) White.  
3. Date of Birth, March 14th - 1891  
4. Place of Birth, (Street and Number) 426 Pinkney Place  
5. Full Name of Mother, Anna Heckleary  
6. Mother's Maiden Name, Anna Heck,  
Baltimore  
7. Mother's Birthplace, Crm. leary  
8. Full Name of Father, Gaston M. C. Impley  
9. Father's Occupation, Philadelphia Pa.  
10. Father's Birthplace, Wilmer Dainton, Md.  
Name of Medical Attendant, or other person who makes this Return, Culbert & Prouty Sts.  
Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

## L55764

**Record of Vital Statistics in the City of Baltimore**

the 4 one

male

Colonel

Balling M D

5/8 Bald at

Larisa Wilson

Gonima Ware

Leannsville Essex County Va

Samuel Wilson

Colburn Co MD

horse care

or other person who makes this Return.

Remarks,

## 116-45

[illegible]

12

Male

White

March 17<sup>th</sup> 1891

1014 Milton Place

Emma Warfield

Shaw

Basto. Ma

James M. Worfield

Bookkeeper

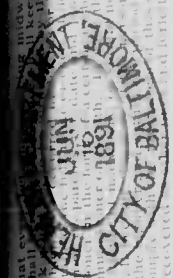
Baltimore

John Jeff  
501 Magnolia Ave

To: Magnolia Ave

To: Magnolia Ave

Section 7.—And be it further enacted and ordained that every person who shall be in attendance on a birth in the City of Baltimore under whose charge or superintendence a birth is made, shall be and he is hereby required to file with the Registrar of Births, within the time herein provided, a true and correct copy of the birth record, as the same shall be made, and to be in conformity with the provisions of this section, and to be subject to the fine of ten dollars for each failure to be received.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Land  
Female  
White

March 18th 91

52 Market Space

Rochel Goldman  
Brauer

Russia

Benj. Goldman  
Butcher

Russia

Geo W. Weber M.D.

1721 Canton Ave

## RETURN OF A BIRTH. 109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c )

*Sex, (state whether male or female)*

~~Race or Color, (if not of the white race)~~

*Date of Birth,*

Place of Birth, (Street and Number)

Full Name of Mother.

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7. And be it enacted, that every person practicing midwifery in the City of Baltimore under whose charge, supervision or control a birth shall occur, shall be required to register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall cause the same to be signed by the person or persons who attended the birth, and shall deliver the same to the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

GIVEN NAME ADDED 8-12-54  
RETURN OF A BIRTH. ALORDS

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ray Atkinson Pindell

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2. 1891
4. Place of Birth, (Street and Number) 1623 W. Bond St.
5. Full Name of Mother, Rosa A. Bull Pindell
6. Mother's Maiden Name, Rosa A. Bull
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Richard P. Pindell
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto. B. Md.
- Name of Medical Attendant, or other person who makes this Return, William Brinton Md.
- Address, Calvert & Central St.
- Remarks,



SECTION 7. - And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth of the child. This schedule shall contain a list of the birth of each child, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of the month of the birth of the child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, who shall file the same without the attendance upon the mother, immediately thereafter it shall become the duty of the Registrar of Vital Statistics, Board of Health, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 3-16-56  
RETURN OF A BIRTH.

102489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Ida Ludwig Hornhaman*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *March 23rd 1891*  
4. Place of Birth, (Street and Number) *305 - E. Beddow St*  
5. Full Name of Mother, *May Hornhaman*  
6. Mother's Maiden Name, *May Ludwig*  
7. Mother's Birthplace, *Drumstump Pa.*  
8. Full Name of Father, *Harmon Hornhaman*  
9. Father's Occupation, *Baldy & Co atonsville R.R. Employed*  
10. Father's Birthplace, *Balto. Md.*  
Name of Medical Attendant, or other person who makes this Return. *William Brinton M.D.*  
Address, *Caldwell & Prater Sts.*  
Remarks,

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 6

1. Sex, (state whether male or female). Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 24, 1874

4. Place of Birth, (Street and Number) #932 Greenleaf

5. Full Name of Mother, Elizabeth Ann

6. Mother's Maiden Name, Schaefer

7. Mother's Birthplace, *Baltimore, Md.*

8. *Full Name of Father,* *James R. Smith*

9. Father's Occupation. Coal & wood dealer.

10. *Father's Birthplace.* W. Va. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. H. A. Wille 3001

Address, #1037 Q. New York 1

Remarks, .....

Persons under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained, the full name of each child, of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, and shall sign the certificate between the first and second lines of the schedule, and shall cause the same to be signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore, and forfeitures are recoverable.

# RETURN OF A BIRTH. 102441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race, (state whether of the white race) White

3. Date of Birth, March 24, 1891.

4. Place of Birth, (Street and Number) 232 Richmond Street

5. Full Name of Mother, Josephine Gugliotta

6. Mother's Maiden Name, Vendre

7. Mother's Birthplace, Italy

8. Full Name of Father, Philip Gugliotta

9. Father's Occupation, Confectioner

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Avenue

Remarks, \_\_\_\_\_

## 135442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4<sup>th</sup> Child*

1. Sex, (state whether male or female) Male Child

2. Race or Color, (if not of the white race) ..... *White Child*

Date of Birth, *March 25<sup>th</sup> 1891*

Place of Birth, (Street and Number) Valley St in Brady Ave City and

25. Full Name of Mother, ..... *Jola Andrews*

6. *Mother's Maiden Name,* *Ida Wallace*

7. Mother's Birthplace,..... *Balto City*

8. Full Name of Father, John, Andrews

9. Father's Occupation, ..... Car driver

10. *Father's Birthplace,* ..... Philadelphia

Name of Medical Attendant, or other person who makes this Return, Margaret Heinkel

Address, No 28 Mount Stue Vally Bath.....Ply.

Remarks, \_\_\_\_\_

Section 7. And be it further enacted and ordained that every person practicing midwifery in the State of Maryland, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of the same, and shall be liable to be punished by the Commissioner of Health, for neglecting to do so. This schedule shall contain a list of the births taken within each birth month, and shall set forth as far as the same can be ascertained the date of each birth, the name of the mother, the sex, color, the full name and occupation of its father, the date and place of birth, and the date when the child shall be delivered, duly signed by the midwife or her husband, and the date when the birth of any child shall occur without the attendance of a licensed midwife or her husband. The Commissioner of Health shall attend upon the mother immediately thereafter to report to him the place and date of birth of the child to report its birth to the Commissioner of Health, if any person, other than a licensed midwife or her husband, or any such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be exacted as other fines and penalties are exacted.

WM. J. G. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

SECTIONS 1-3. And he if further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall be recorded, who shall neglect to enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name, sex, color, date of birth, place of birth, full name and occupation of its parents, and the name of the physician or midwife attending upon the birth, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

BALTIMORE, MD.  
MAY 5 1891

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Male Child*

2. Race or Color, (if not of the white race) *White Child*

3. Date of Birth, *March 25th 1891*

4. Place of Birth, (Street and Number) *Vally St m Brady ave Bg and*

5. Full Name of Mother, *Jola Andrews*

6. Mother's Maiden Name, *Ada Wallace*

7. Mother's Birthplace, *Balto City*

8. Full Name of Father, *John Andrews*

9. Father's Occupation, *Car driver*

10. Father's Birthplace, *Philadelphia*

Name of Medical Attendant, or other person who makes this Return, *Margret Heinkel*

Address, *No 28 Mount St m Vally Balto City*

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 195-43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

76. Sex (state whether male or female)

2 Race or Color, (if not of the white race)

3\* *Date of Birth,* ..... 8.6.1894

4. *Place of Birth, (Street and Number)* 1427 Ridge St. New York

5. Full Name of Mother, Marie Green

6. *Mother's Maiden Name,* 1924220

7. *Mother's Birthplace,* Calif.

8. Full Name of Father, George B. ...

9. *Father's Occupation.* .....

10. *Father's Birthplace,*.....

Name of Medical Attendant, or other person who makes this Return. James J. [illegible]

Address, 728 E. 1st St.

Remarks, .....

WM. J. C. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

L9543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
 Sex, (state whether male or female) Boy  
 Race or Color, (if not of the white race) White  
 Date of Birth, 1886 Nov 6  
 Place of Birth, (Street and Number) 1437 Ridge Ave  
 Full Name of Mother, Marie Grossman  
 Mother's Maiden Name, Neumann  
 Mother's Birthplace, Ball  
 Full Name of Father, Jacob Grossman  
 Father's Occupation, Bookbinder  
 Father's Birthplace, Ball  
 Name of Medical Attendant, or other person who makes this Return, Emma Heller  
 Address, 128 E. 1st St.  
 Remarks,



SECTION 7. And he it further enacted, that the Registrar of Births in the City of Baltimore, shall, under the authority of the Board of Health, take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the parents, the sex, the date and place of birth, and the name of the medical attendant, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH. L-20-44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,  
1. Sex (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, March 26th - 1891  
4. Place of Birth, (Street and Number) 421 N. Green St.  
5. Full Name of Mother, Jennie Griner Smith  
6. Mother's Maiden Name, Jennie Griner  
7. Mother's Birthplace, Pennsylvania  
8. Full Name of Father, E. A. Smith  
9. Father's Occupation, Medical Student  
10. Father's Birthplace, Pennsylvania  
Name of Medical Attendant, or other person who makes this Return, Weber Bristow M.D.  
Address, Calvert & Pringle Sts.  
Remarks,

## 100-42

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(twins) ... 2nd

Female

Chute

Mar. 26. 91.

115 th Lombard St

Martha Graham

11  
J. W. C.

20

... C. A. Allen

411 - J. C. DILLANY & CO. CITY PRINTERS AND STATIONERS

Sections 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

# RETURN OF A BIRTH. AL00-18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



1. Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd  
2. Sex, (state whether male or female) Female  
3. Race or Color, (if not of the white race) White  
4. Date of Birth, Mar. 26.91-  
5. Place of Birth, (Street and Number) 115 W. Lombard St  
6. Full Name of Mother, Martha Urban  
7. Mother's Maiden Name, " " " "  
8. Mother's Birthplace, Mo  
9. Full Name of Father, \_\_\_\_\_  
10. Father's Occupation, \_\_\_\_\_  
11. Father's Birthplace, \_\_\_\_\_  
Name of Medical Attendant, or other person who makes this Return, Dr. H. Allen  
Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall be and is hereby required to place and file in the office of the Commissioner of Health a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be returned to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 3-23-56  
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Mildred Bowen* 5<sup>d</sup>

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *March 27 1891*

4. Place of Birth, (Street and Number) *1604 Light St*

5. Full Name of Mother, *Mary Bowen*

6. Mother's Maiden Name, *Mary Freeburger*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Henry H. Bowen*

9. Father's Occupation, *Letter Carrier*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Wm B Noble M*

Address, *301 Harmon*

Remarks, *This certificate was voided until this date - and am happy to make Return*

Section 1. And be it further enacted, and enforced, that every person, who, in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall, at the expiration of each month, submit a list of the births, which have occurred during the month, to the Commissioner of Health. This schedule shall contain a list of the births, which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, at any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or practitioner of medicine, who attended the birth, and the name of the person who attended upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Mar 27 - 91

4. Place of Birth, (Street and Number) 1501 Lombard St

5. Full Name of Mother, Katie Washington

6. Mother's Maiden Name, "

7. Mother's Birthplace, Md

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Stephen M. D.

Address, "

Remarks, "

## RETURN OF A BIRTHL 9243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

**A** *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. ~~M~~other's Birthplace,

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

*Name of Medical Attendant,* or other person who makes this Return.

Address,

Remarks

WM. J. C. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

FLAX 1 O. CITY PRINTERS AND STATIONERS

Section 10. And every person who practices medicine or surgery in the City of Baltimore, under whose hands or supervision a birth shall occur, shall, within ten days after the birth, register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his supervision during the year, and shall be signed by him, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or shall occur without the attendance upon the mother, immediately thereafter the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



# RETURN OF A BIRTH

1911-50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

Sex, (state whether male or female) male

Race or Color, (if not of the white race) White

Date of Birth, March 29, 1911,

Place of Birth, (Street and Number) Dorsey Ave.

Full Name of Mother, Lizzie Fargo

Mother's Maiden Name, Lizzie Isaacs

7. Mother's Birthplace, Ann Arnold Co Md.

8. Full Name of Father, A.B. Fargo

9. Father's Occupation, Carpenter

10. Father's Birthplace, Penn.

Name of Medical Attendant, or other person who makes this Return J.B. Mullins M.D.

Address, 757 Frederick Ave Ex

Remarks,



1951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, *Mar. 30/91*

4. Place of Birth, (Street and Number) 428 Robert St.

5. Full Name of Mother, Beulah E. Doice

6. Mother's Maiden Name, *Galters*

7. *Mother's Birthplace,*..... *Galts.*

8. Full Name of Father, Chas. H. Poier

9. Father's Occupation, Clark

10. *Father's Birthplace,*..... *Balto*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,

LO2-52  
timone City

LO2-52  
timone City

**Section 1.** And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, or whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of all such births, and shall file the same with the Commissioner of Health. This schedule shall contain a list of the births which have occurred within his or her jurisdiction, month and shall set forth as far as the same can be ascertained, the name of each child of any shall have been conferred, its sex, color, the first name and occupation of its parents, the date and place of birth, and the date and schedule shall be delivered, this signed and authenticated in the form of a certificate between the first and second child with the birth of the second child, and the third child, and so on, until the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child be attended upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars or other fine, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5d child*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Born March 21th 1891*

4. Place of Birth, (Street and Number) *313 Ringgold St*

5. Full Name of Mother, *Pauline Fink*

6. Mother's Maiden Name, *Pauline Waldmann*

7. Mother's Birthplace, *Hirstitz Germany.*

8. Full Name of Father, *Sam. Fink*

9. Father's Occupation, *Tailor*

10. Father's Birthplace, *Gubinsitz Austria*

Name of Medical Attendant, or other person who makes this Return. *Wm. S. Fink*

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

105153

*f* Child of Mother, (state whether 1st, 2d, 3d, &c.)

Female

While

March 31<sup>st</sup> 91

1921 Hollins

Sarah R. Clarke

Frank R. Robinson

Washington DC.

Chas. S. Clarke

Blacksmith

Baltimore, Md.

Henry C. Okla. Ind.

1203 West Fayette St

Remarks,

And the mother, father and attendant who accept previous practice, in this case, the wife of the father, shall be required to register the birth of each child with the Commissioner of Health. This schedule shall contain a list of the births which have occurred under the previous practice, and shall set forth as far as possible the same can be ascertained the full name of each child, if any shall have been conferred, the date of birth, the place of birth, the occupation of its parents, the date of the said schedule shall be delivered, duly signed by the Commissioner of Health, to the mother, father, third day of each and every month to the office of the Commissioner of Health, and the said schedule shall occur without the attendance of a physician or practitioner, and the mother, father or child to report its birth to the Commissioner of Health in the amount and within the time required, any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars or each offense, to be recovered as provided in the several sections hereinafter mentioned, and the same shall be enforceable as provided in the several sections hereinafter mentioned.

SECTION 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, Board of Health, of the City of Baltimore, within ten days after the birth, and shall set forth as far as the same can be ascertained the full name of each child in any shall have been born, the date and place of birth, the sex, the race or color, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be paid by the person or persons so offending, and other fines and forfeitures are recoverable.

3-7-60  
RETURN OF A BIRTH. A 7254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Henry Hillegast

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 31st 1891

4. Place of Birth, (Street and Number) #1823 Jefferson St

5. Full Name of Mother, Carrie Hillegast

6. Mother's Maiden Name, W. W. W. W.

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Henry A. Hillegast

9. Father's Occupation, Carpenter

10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Mrs. Henry Hillegast

Address, #1823 Jefferson St

Remarks,

## RETURN OF A BIRTH. 1755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. 'Date of Birth, Mar 2 1881

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

### 9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks

## RETURN OF A BIRTH 19-156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) /

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) Colored  
3. Date of Birth, 3 Feb 1894  
4. Place of Birth, (Street and Number) Box 107 St 616  
5. Full Name of Mother, Elizabeth Butler  
6. Mother's Maiden Name, Forbes  
7. Mother's Birthplace, St. Marys Co. Md.  
8. Full Name of Father, William J. Butler  
9. Father's Occupation, Rail road worker  
10. Father's Birthplace, St. Marys Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Address, Martha Halley 2203 Division St.

Remarks,

19-45?

[illegible]

1 Sh

Female

White

March 1<sup>st</sup> - Fri.

1412 May 26

Horace L. John

Reading Pa.

Unknown

Sept 1898

For I Wharver M.D.

W.

1721 Cascade Av.

WM J. C. DULANEY &amp; CO., CITY PRINTERS AND STATIONERS.



# RETURN OF A BIRTH. *Aug 25 1883*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Third of March*

4. Place of Birth, (Street and Number) *Patterson Lane No 40*

5. Full Name of Mother, *Mrs W Gardner*

6. Mother's Maiden Name, *Emma Schwind*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mr William Gardner*

9. Father's Occupation, *Patcher*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Sarah E. Det*

Address, *2206 Etting St.*

Remarks,

Section 1. Every person who has charge of a birth, shall, within ten days after the birth, file a return of the birth with the Registrar of Vital Statistics, Board of Health, Baltimore City. This return shall contain a list of the names of the mother and father, the sex, race or color, the date and place of birth, and the name of the medical attendant, or other person who makes this return. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or father, or both, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Secretary of Health, Baltimore City, 1900. The following is a further explanation of the instructions to be furnished by the Commissioner of Health, Baltimore City, to the Registrar of Births, Baltimore City, in the registration of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, Baltimore City, to the Registrar of Births, Baltimore City, in the registration of such birth, and shall set forth as far as the same can be ascertained the full name of such child, of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of registration, and shall be signed by the practitioner in the form of a certificate between the first and second schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

1900 189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth. 31<sup>st</sup> March

4. Place of Birth, (Street and Number) 1214 N. Wilcox St

5. Full Name of Mother, Louisa Trout

6. Mother's Maiden Name, " Whitcliff

7. Mother's Birthplace, Balto

8. Full Name of Father, Conrad Trout

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Julia Groome

Address. 940 N. Gay St

Remarks.

RETURN OF A BIRTH. L. 25163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

74

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

March 28<sup>th</sup>

4. *Place of Birth, (Street and Number)*

1634 E Cagle St

5. *Full Name of Mother,*

Margaret Greaser

6. *Mother's Maiden Name,*

11 Mark

7. *Mother's Birthplace.*

Bulto

8. *Full Name of Father,*

George Greaser

9. *Father's Occupation,*

Barber.

10. *Father's Birthplace,*

Balto

Name of Medical Attendant, or other person who makes this Return.

Mr. Julia Groover

Address,

940 N Gay St

Remarks,

RETURN OF A BIRTH *A 29917*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5<sup>th</sup>) fifth
1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White.
3. Date of Birth, April 14<sup>th</sup> 1891
4. Place of Birth, (Street and Number) Bayner av. Calverton Hqts.
5. Full Name of Mother, Helen Martha Horn.
6. Mother's Maiden Name, Quinlan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W. Horn
9. Father's Occupation, Supr. Horn & Information.
10. Father's Birthplace, Scotland. B. E.
- Name of Medical Attendant, or other person who makes this Return, Mark A. Drwall M.D.
- Address, 1609 Edmondson av  
Baltimore.
- Remarks,



L-02463

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *April 20 1911*

4. Place of Birth, (Street and Number) *1011 Frank St*

5. Full Name of Mother, *Rachel Friedmann*

6. Mother's Maiden Name, *Friedlander*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Abraham Friedmann*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *Geo W. Webster M.D.*

Address, *1724 Canton St*

Remarks,

55-564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, April the 12 1891  
4. Place of Birth, (Street and Number) Birmingham Avenue  
5. Full Name of Mother, Ginnie Warfield  
6. Mother's Maiden Name, Monroe  
7. Mother's Birthplace, Balt. City Md  
8. Full Name of Father, Howard Warfield  
9. Father's Occupation, Carpenter  
10. Father's Birthplace, Balt. City Md  
Name of Medical Attendant, Mary A. Martin  
or other person who makes this Return.  
Address, Mount Vernon Balt City Md  
Remarks, Reflected to Report  
Before



## RETURN OF A BIRTH L92265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, April 4/91

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, *Sadie Emma*

6. *Mother's Maiden Name,* *Lucy*

7. Mother's Birthplace, *Philadelphia*

8. Full Name of Father, Edgar M. Abel

9. Father's Occupation, Builder

10. Father's Birthplace, Charlottesville Va

Name of Medical Attendant, or other person who makes this Return, ..

Address,

Remarks,

SECTION 2. Any person practicing midwifery in the City of Baltimore, under whose charge or supervision any child has been born, and who shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, shall be deemed to have complied with the provisions of this section, and shall be entitled to a fee of ten cents for each child so reported. Any person who shall fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered by the Commissioner of Health.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

Race or color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

## RETURN OF A BIRTH

LOES 66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3

Female

April 29, 1891

1100 Madison St

Mary E. Malone

Kelly

Baltimore

Frank Malone

Stevenson

Italy

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose name and signature a birth is registered shall be and he is hereby required to fill out and correct the schedule of birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered to the Commissioner of Health on or before the first day of the month following the month in which the births have occurred. The full name of the mother, the full name of the father, the sex, color, the full name of the child, the date of birth, the place of birth, the name of the medical attendant, and the name of the person who makes the return, shall be entered on the said schedule. The said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons failing to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

100-567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th April 1891 + 1892

4. Place of Birth, (Street and Number) 1575 N. Street W. City

5. Full Name of Mother, Margaret Elinson

6. Mother's Maiden Name, Margaret Hesselbaugh

7. Mother's Birthplace, Carroll County, Md

8. Full Name of Father, William Erik Elison

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Sarah E. Lett

Address, 2206 E. King St

Remarks,

## RETURN OF A BIRTH. 1921-1922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*, Apr 21, 1897

Place of Birth, (Street and Number)

Full Name of Mother, .....

6. *Mother's Maiden Name*, ...

7. *Mother's Birthplace, Cal.*

84. Full Name of Father, ..... 27.11.72

9. *Father's Occupation,* ..... *Self* .....

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return, He. He was not used

Address, 1221 Laurel St

Remarks, *Bill 1102, 1118* *11* *1150*

10-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 26

12. Sex, (state whether male or female)

2. <sup>W</sup><sup>2</sup> Race or Color, (if not of the white race)

3. <sup>rd</sup> Date of Birth, 24<sup>th</sup> L. April 1891

Place of Birth, (Street and Number) *Hometon H.L. 1706*

5. Full Name of Mother, *Lisbet Benet*

6. *Mother's Maiden Name,* *BaLholy*

7. Mother's Birthplace, Baltimore

8. Full Name of Father, *Diego, Remet*

9. Father's Occupation,..... *Har. L. Mann*

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, ..

Address, *Franklin Schrey Post Office 434*

Remarks,

SECTION 7. And be it further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall file the same with the Registrar of Vital Statistics, on or before the first day of each and every month, and shall set forth as far as the same can be ascertained, the full name of each child, of any child, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the first and third day of each and every month, and shall file the same with the Registrar of Vital Statistics, on or before the first day of each and every month, and shall attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period always required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 1910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. or Color, (if not of the white race) *White*
3. Date of Birth, *25 Jan 1910*
4. Place of Birth, (Street and Number) *1225 E. 12th St*
5. Name of Mother, *Mrs. J. P. L. L. L.*
6. Maiden Name, *J. P. L. L. L.*
7. Birthplace, *Germany*
8. Full Name of Father, *J. P. L. L. L.*
9. Father's Occupation, *Teacher*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Flora H. 1225*
- Address, *W. P. L. L. L.*
- Remarks,

That any Physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child, whether born, its or their physical condition, whether still born or not, the full name, nativity, and age of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH, <sup>A</sup> 1907

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex state whether male or female male
2. Race or Color, (if not of the white race) Col
3. Date of Birth 26 April
4. Place of Birth, (Street and Number) 1420 Orleans St
5. Full Name of Mother Loty. Jones
6. Mother's Maiden Name Loty. Brown
7. Mother's Birthplace Annapolis C O
8. Full Name of Father Louis Jones
9. Father's Occupation Driver
10. Father's Birthplace Richmond Va
- Name of Medical Attendant, or other Person who makes this Return. An. Barker
- Address 1401 Orleans St Mt. Eden
- Remarks mother and son doing well

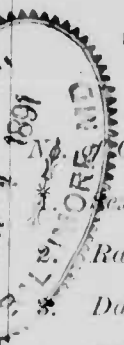


RETURN OF A BIRTH. 1952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c ) 5  
 1. Sex, (state whether male or female) Girl  
 2. Race or Color, (if not of the white race) white  
 3. Date of Birth, April 23 1891  
 4. Place of Birth, (Street and Number) Castle 231  
 5. Full Name of Mother, Abner Pauline  
 6. Mother's Maiden Name,  
 7. Mother's Birthplace, Bremen  
 8. Full Name of Father,  
 9. Father's Occupation, Tailor  
 10. Father's Birthplace, Frank Pankisch  
 Name of Medical Attendant, or other person who makes this Return, Chas. K. K. K.  
 Address, Washington, D. C.  
 Remarks,

SECTION 10. And be it further enacted and ordained that every person residing in the City of Baltimore, who is charged with the care of any child, shall be and he is hereby required to file with the Registrar of Births, a true and correct copy of the birth record of such child, as soon as the same shall be made known to him, and to keep the same in his possession until the same shall be filed with the Registrar of Births. This section shall be in full force and effect from and after the first day of January, 1891.



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)
  2. Sex, (state whether male or female) *Female*
  3. Race or Color, (if not of the white race) *White*
  4. Date of Birth, *April 21 1891*
  5. Place of Birth, (Street and Number) *W. 4th St 225*
  6. Full Name of Mother, *Alway Vynalferov*
  7. Mother's Maiden Name, *Bohaiman*
  8. Full Name of Father, *Frank Vynalferov*
  9. Father's Occupation, *Tailor*
  10. Father's Birthplace, *Heaven*
- Name of Medical Attendant, or other person who makes this Return, *Alway Vynalferov*
- Address, *Washington St*
- Remarks,

Record of Vital Statistics in the City of Baltimore  
See back: All persons attending to the birth of a child in the City of Baltimore under whose charge such child is born, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Health Officer. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled up for each month, and shall be delivered to the Health Officer on the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - John George  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
1. Sex, (state whether male or female) male  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, April 12 -  
4. Place of Birth, (Street and Number) 609 S. Bay St.  
5. Full Name of Mother, Anna E. E. E.  
6. Mother's Maiden Name, " Nichols  
7. Mother's Birthplace, Germany  
8. Full Name of Father, Jacob E. E.  
9. Father's Occupation, wagon maker  
10. Father's Birthplace, S -  
Name of Medical Attendant, or other person who makes this Return, B. E. E.  
Address, B. E. E.  
Remarks,

Aug 20, 1940  
Transmitted from hospital  
second No file 2-024724  
J.B. Rivers  
(Prescribed)

SECTION 1. Any person charged and ordained that every person practicing medicine in the City of Baltimore shall be duly licensed and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filed in the office of the Commissioner of Health. The schedule shall be filed in the office of the Commissioner of Health, and the full name and occupation of its parents, the date and place of birth, and the sex of each child, shall be entered thereon. The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a nurse, the parent or parents shall be liable for the attendance upon the mother and child, and shall be liable to report the birth of the child to the office of the Commissioner of Health. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

10-75

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 11

1. Sex, (state whether male or female) white
2. Race or Color, (if not of the white race) any
3. Date of Birth, 4 April 21 1894
4. Place of Birth, (Street and Number) Chapin St 15
5. Full Name of Mother, Barbara Caterman
6. Mother's Maiden Name, Geary
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam Caterman
9. Father's Occupation, tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Harry J. Hopf

Address, Washington Co.

Remarks, \_\_\_\_\_

SECTION 7. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep true and correct records of the same, and shall submit the same to the Registrar of Vital Statistics, Board of Health, at the end of each month. This schedule shall contain a list of the names of the mothers, the names of the children, the date and place of birth, the sex, color, and race of the children, the name of the medical attendant, and the name of the person who makes this return. And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 1911-76

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) white

Date of Birth, April 20 1911

Place of Birth, (Street and Number) Chesapeake at 121

2. Full Name of Mother, Anna Whlor

3. Mother's Maiden Name, \_\_\_\_\_

4. Mother's Birthplace, Baltimore

5. Full Name of Father, John Whlor

6. Father's Occupation, labor

7. Father's Birthplace, Baltimore

Name of Medical Attendent, or other person who makes this Return, Abraham Kaplan

Address, Washington, D.C.

Remarks, \_\_\_\_\_

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WM J. C. BULANY CO CITY PRINTERS AND STATIONERS

And he it further enacted and ordained that every person attending midwifery in the City of Baltimore, and who shall superintendence a birth, shall hereafter take and bring to the City Register of such birth, and shall contain a list of the births, as prescribed in the Commission of Health. This schedule shall contain as follows:—The name of the person or persons who shall be set forth as far as the same can be ascertained the full name of each of his or her care during the confinement, the name of the child, the name of the mother, the name of the physician, and the said schedule shall be delivered, duly signed by the occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, and shall be attended upon without the attendance of a physician or practitioner of midwifery, or of any other person, until the immediately thereafter it shall become the duty of the person or persons who be in charge of such birth to the City Register of Health, in the manner and within the time required; and any such person or persons, who shall hereafter fail to comply with the provisions herein required, shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other penalties are recoverable.

CORRECTED BY \_\_\_\_\_  
SEE DOCUMENT FILE NO. \_\_\_\_\_  
DATE \_\_\_\_\_ CLERK \_\_\_\_\_

## 15-73

15-73

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Mary H. Parmollen

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Baltimore

Widym, Farmellen

Laborer

Baltimore

Sarah J. Harrington

no 524 Brinley st

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Section 5. And he or further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a true and correct register of such births, and shall set forth as far as the same can be ascertained the full name of each child, of any child, and the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should in other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each child neglected, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 10-1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18 Apr 1891

1006 Hanover St.

Maria Huber

" Schmidt

Germanian

Wm. Huber

Marinist

Germanian

Baltimore, Maryland

11 Seadenwall St

RETURN OF A BIRTH L-02482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. E. B. DuBois

2. Date of Birth, 19 of April

4. *Place of Birth, (Street and Number)* 123 Pullerway, N. H. Inc.

5. Full Name of Mother, Ellie M. Jones

6. *Mother's Maiden Name,* Leak

7. Mother's Birthplace, Newmarket, Co. Wick

8. Full Name of Father, John W. Carter

9. *Father's Occupation,* Farmer

10. Father's Birthplace, Lawrenceville Ga

Name of Medical Attendant, or other person who makes this Return, W. E. Denehan

Address, 225 D Ann

Remarks, *Book is not linked to Lion*

Under all Rights

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L-02483

more

**HEALTH DEPARTMENT,**  
**BALTIMORE, MD.**  
**MAY 17 1891**

1.

12/20/19

\_\_\_\_\_

April 11 1891

Peard Miller 9/16

.....Harriet..... 1211 1/2

Harriet A. Lindin

Baltimore County

Samuel de la Cruz

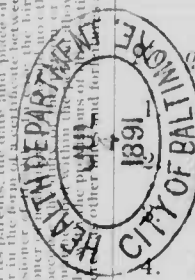
Labour

Adrian Brown

Sanna / Jan 7/19

115 west Huron st

And be it further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall, prior to the birth, enter the same on a blank schedule to be furnished by the Registrar of Vital Statistics, and shall set forth as far as the same may be ascertained, the date, hour, place, sex, color, the full name and occupation of its parents, the date and hour of its birth, and the name of the person to whom it shall be delivered, and shall sign the same, and shall deliver the same to the Registrar of Vital Statistics, within ten days after the birth of such child, and shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore.



# RETURN OF A BIRTH. 10824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, May 27, 1891

4. Place of Birth, (Street and Number) 35 Front St

5. Full Name of Mother, Mary Sedg

6. Mother's Maiden Name, Joseph

7. Mother's Birthplace, Italy

8. Full Name of Father, Joseph Sedg

9. Father's Occupation,

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Dr. Pacifici Berr

Address, 122 S. E. 1st St

Remarks,





# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), White

3. Date of Birth, *1901*

4. Place of Birth (Street and Number), *1125 E. 1st St.,*

5. Full Name of Mother, *Henry H. H. H. H.*

6. Mother's Maiden Name, " "

7. Mother's Birthplace, *Waco, Texas*

8. Full Name of Father, *James M. Brown*

9. Father's Occupation, *Teacher*

10. Father's Birthplace. *Boston*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. L. Hall, M.D.*

Address, 1740 Cambridge

Remarks,

[illegible]

Baltimore under whose jurisdiction the birth occurred, shall keep a true and correct register of such births, and shall enter the same on a book, containing a list of the births which have occurred under his or her care during the month, and shall set forth the name, sex, color, the full name and occupation of its parents, and the date of its birth, and shall also enter the name of the medical attendant, and the name of the person who makes this return, and shall certify to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 1887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Kind*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *29 June*  
4. Place of Birth, (Street and Number) *Langaster str. 1603*  
5. Full Name of Mother, *Veronica Knivel*  
6. Mother's Maiden Name, *Mr. Hylkovs Ka'*  
7. Mother's Birthplace, *Prague*  
8. Full Name of Father, *Maxim Knivel*  
9. Father's Occupation, *Carpenter*  
10. Father's Birthplace, *Prague*  
Name of Medical Attendant, or other person who makes this Return, *Marie Reed*  
Address, *11 Bond str. 888*  
Remarks,

# RETURN OF A BIRTH.

1902-1903

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) *Two Female Twins*

2. Race or Color (if not of the white race)

3. Date of Birth *Sept 24 11. Baltimore Md*

4. Place of Birth (Street and Number) *709 Druid Hill Ave*

5. Full Name of Mother *Annie Smalley*

6. Mother's Maiden Name *Annie Bealer*

7. Mother's Birthplace *Anderel County*

8. Full Name of Father *Lewis Mackey*

9. Father's Occupation *Walter*

10. Father's Birthplace *Royal oak Talbert Co*

Name of Medical Attendant, or other Person who makes this Return.

Address *Dr. Sophia Thomas 134 St. Mary's St.*

Remarks

That any physician, nurse, or other person in attendance upon the mother, or other person who is present at the birth of any child, within the City of Baltimore, shall report to the Registrar of Vital Statistics, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH. 105489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 8th.

1. Sex, (state whether male or female).

*Race or Color, (if not of the white race)*

*Date of Birth,*

Place of Birth, (Street and Number).

Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, \_\_\_\_\_

Remarks,

[illegible]

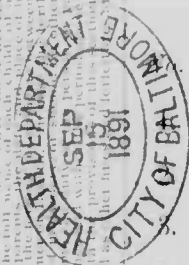
And in case of a child born in Baltimore, under whose charge or supervision the birth is reported, the Registrar shall enter the same on a birth record, and shall set forth as far as the same can be ascertained, the date, time, place, sex, color, the full name and occupation of the mother, and the full name and occupation of the father, and the date of birth of the child, and the date of the report, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered a BAL. fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-22-55  
RETURN OF A BIRTH 02400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Anna Marie Becker*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*  
1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *May 13/91.*  
4. Place of Birth, (Street and Number) *213 W. High St*  
5. Full Name of Mother, *Maggie Becker*  
6. Mother's Maiden Name, *Grove*  
7. Mother's Birthplace, *Balto*  
8. Full Name of Father, *Chas. Becker*  
9. Father's Occupation, *Carpenter*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other person who makes this Return, *C. H. Christian M.D.*  
Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

And for the purpose of ascertaining the health of the child, the physician or practitioner attending the birth shall, within three days after the birth, file a copy of this certificate with the Registrar of Vital Statistics, who shall be responsible for its preservation. This certificate shall be retained in the files of the Registrar for a period of ten years, and shall be subject to the inspection of the Board of Health at any time. Any person who fails to file this certificate as required shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore.



# RETURN OF A BIRTH 102491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

Sex, (state whether male or female) Male

Race or color, (if not of the white race) White

Date of Birth, May 13/91

4. Place of Birth, (Street and Number) 125 Central av.

5. Full Name of Mother, Margaret Tellman

6. Mother's Maiden Name, Hauer

7. Mother's Birthplace, Germany

8. Full Name of Father, Abraham Tellman

9. Father's Occupation, Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Frederick M.D.

Address, 1721 Canton Ave.

Remarks,

## 15432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....3rd.

Remail

white'

May 18th - 1891

~~42 to Pinkney Place 1420 N. Bond~~

Elizabeth J. Cary Schaffer

Elizabeth L. ~~Samuel~~ Leary

*Phladyshia* Pa

Krank L. Schäfer.

Engineer

Balto. ind.

Werner Borntrou. M. 5

Le 16 vent 94 Preston 1800.

Remarks,

[illegible]



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

rect Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH.

107433

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st -

1. Sex (state whether Male or Female) Male -

2. Race or Color (if not of the white race) Color

3. Date of Birth 19 May 1891 -

4. Place of Birth (Street and Number) 925 Chappel St.

5. Full Name of Mother Lillie Kimmel -

6. Mother's Maiden Name Kimmel -

7. Mother's Birthplace Baltimore -

8. Full Name of Father Fred Hebron

9. Father's Occupation Brick Maker

10. Father's Birthplace Not Known -

Name of Medical Attendant, or other Person who makes this Return. Leticia Hoany

Address 1703 - East Eager St.

Remarks

SECTION 6. And he it further enacted and ordained, that every person practicing medicine in the city of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall submit the same to the Board of Health, at the office of the Registrar of Births, at the City Hall, on or before the first day of the month following the month in which the birth took place. This schedule shall contain a list of the births which have occurred under his or her name during the month, and shall set forth, as far as the same can be ascertained, the full name of each child, of any name shall have been conferred, its sex, its date of birth, its place of birth, the name of the mother, and the name of the father, and shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should an other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report the same to the Board of Health, in the manner and within the period above required, except in the case of illegitimate births, which shall be reported by any person or persons who shall hereafter be designated by the Board of Health. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

202494  
202512

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

May 20, 90.

4. Place of Birth, (Street and Number)

2123 Hollins st

5. Full Name of Mother.

Emeline Reese Dasch

6. Mother's Maiden Name.

Miller

7. Father's Birthplace.

Baltimore

8. Full Name of Father.

Chas. H. Dasch

9. Father's Occupation.

Engineer

10. Father's Birthplace.

Baltimore

Name of Medical Attendant,

or other Person who makes this Return

Asa G. Linticum M.D.

Address.

1327 S. Fayette St.

Remarks.

Under the provisions of the Act, the Registrar of Vital Statistics, Board of Health, Baltimore City, shall enter the name of the child, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the medical attendant, in the form of a certificate between the first and third days of each month, and shall so forth as far as the same can be ascertained. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recovered.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

202475  
1905

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 24 May

4. Place of Birth, (Street and Number) 403 Saratoga St.

5. Full Name of Mother, Carl Lina Mueller

6. Mother's Maiden Name, Lina Groce

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Carl Mueller

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Reinhard

Address, 220 W. Madison St.

Remarks,

## RETURN OF A BIRTH. 195486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation:*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

Address,

Remarks

\*M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

LOC 497  
one City

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ' \_\_\_\_\_

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, .....
4. Place of Birth, (Street and Number)
5. Full Name of Mother, .....
6. Mother's Maiden Name, .....
7. Mother's Birthplace, .....
8. Full Name of Father, .....
9. Father's Occupation, .....
10. Father's Birthplace, .....

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

## RETURN OF A BIRTH. 1934-38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4 7

Sex, (state whether male or female) Female

2. ~~Race or Color~~, (if not of the white race) White

Date of Birth, May 5<sup>th</sup>, 1871.

4. Place of Birth, (Street and Number) Granton Dr 2436,

Full Name of Mother, Mari Harrison

6. Mother's Maiden Name, *Mari Sanbol*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Nathaniel Manning*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 1213 Eastern Ave.

Remarks,

SECTION 7. And he it further enacted and ordained that every person practicing midwifery in the state of Indiana, before he or she can register and obtain a license to practice midwifery, shall keep a true and correct record of all the births which he or she registers, and such record shall be in the following form, to wit: Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as he or she can ascertain the full name of each child of any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the person or persons of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in a summary proceeding, and forfeitures are recoverable.

## RETURN OF A BIRTH 152499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frieda Pauline Karkowski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex (state whether male or female) Male

2. Race or Color, (if not of the white race) W. I.

3. Date of Birth, 30 June May 1891

4. Place of Birth, (Street and Number) *J. Hansen H. 6 1513*

5. Full Name of Mother, Anna H. Kunkin

6. *Mother's Maiden Name,* *King*

7. Mother's Birthplace, *Germanien*

8. Full Name of Father, August Haykowski

9. *Father's Occupation,*..... *Book Binder*

10. Father's Birthplace,.....Germania

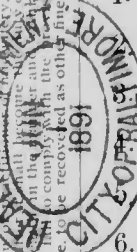
Name of Medical Attendant, or other person who makes this Return, JOHN NAME ADDED 5-28-53

Address, Caroline Shway Fort Elm. N. Y. 4248 M.

Remarks, \_\_\_\_\_



Section 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, the sex, color, the full name and occupation of the mother, the day of each and every month, or should no other person be in attendance upon the mother, immediately thereafter, the name of the person or persons of such child to report its birth to the Commissioner of Health, and shall report the same to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



## RETURN OF A BIRTH. 102500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *Second.*

1. Sex, (state whether male or female) *female*

Race or Color, (if not of the white race) *white*

Date of Birth, *May 29th 1891*

Place of Birth, (Street and Number) *415-Lawrence Alley.*

Full Name of Mother, *Bertha White*

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, *Amelia Johnson.*

Address, *1024 Park Ave*

Remarks,

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Elyzeth Banks*  
Sex, (state whether male or female) *Female*  
Race or Color, (if not of the white race) *Colored*  
Date of Birth, *25<sup>th</sup> of May*  
Place of Birth, (Street and Number) *Baltimore 816 S. Howard St.*  
5. Full Name of Mother, \_\_\_\_\_  
6. Mother's Maiden Name, *Elyzeth Davis - 30 years old*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *James Banks 36 years old*  
9. Father's Occupation, *Shoemaker*  
10. Father's Birthplace, *Philadelphia*  
Name of Medical Attendant, or other person who makes this Return, *Mary Maher 125 York*  
Address, *Ellen Davis 816 South Howard St.*  
Remarks, *7 months baby*

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar, immediately within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Harry August Fulkoski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

27th May

2018 Lamon St

Mina Fulkoski

Mina Fulkoski

Germann

Carl Fulkoski

Labar

Polish

Friederike Heuler Midwife

216 West Pratt St

Countdown June 29 1887.  
Name added from Septennial  
recd and affidavit. Documents  
filed L 02502  
J. E. Brown  
Baltimore

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar, on or within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

**RETURN OF A BIRTH** 1887

To the Office of Registrar of Vital Statistics, Board of Health,  
**BALTIMORE CITY.**

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25<sup>th</sup> of May

4. Place of Birth, (Street and Number) 2005 Christian St.

Full Name of Mother, Margaretha Gault

5. Mother's Maiden Name, Margaretha Reuel

6. Mother's Birthplace, Germany

7. Full Name of Father, Robert Gault

8. Father's Occupation, Blacksmith

9. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return, Friederick Reuel Midwife

Address, 2116 West Pratt St.

Remarks,

Section 7. And he further enacted and ordained that every person practicing in the City of Baltimore, who is a physician, surgeon, or midwife, shall be licensed by the Board of Health, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month. He or she shall also enter thereon the date, hour, day, age, sex, color, and place of birth, and the name of the mother, and the name of the father, and the name of the child, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. *A*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh 7<sup>th</sup>*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *May 22/91*

4. Place of Birth, (Street and Number) *639 Pitcher St. Balt City Md*

5. Full Name of Mother, *Emma Daniels*

6. Mother's Maiden Name, *" " Gipe*

7. Mother's Birthplace, *Gork Tennal*

8. Full Name of Father, *Sam H. Daniels*

9. Father's Occupation, *Seaman n b R*

10. Father's Birthplace, *Baltimore City Md*

Name of Medical Attendant, or other person who makes this Return, *Susan Hunt*

Address, *23 N Pappallo St*

Remarks, \_\_\_\_\_

Birth records shall be kept in a book, to be furnished by the Commissioner of Health, and shall contain the full name of each child, its sex, date of birth, place of birth, race or color, the full name and occupation of its parents, the date and place of birth of the mother, and the name of the medical attendant. This schedule shall be filled out by the medical attendant at the time of birth, and shall be filed in the office of the Commissioner of Health. Any person who fails to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 1925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, May 11/41
4. Place of Birth, (Street and Number) 214 Vincent St
5. Full Name of Mother, Lizzie Scitum
6. Mother's Maiden Name, Lizzie Johnson
7. Mother's Birthplace, Balto
8. Full Name of Father, Thos. Scitum
9. Father's Occupation, Lab
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return. James Woodland
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

Health Department  
MAY 29 1899  
CITY OF BALTIMORE

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore.

# RETURN OF A BIRTH. 1906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20th 1899

4. Place of Birth, (Street and Number) 129

5. Full Name of Mother, Salvatore Ganga

6. Mother's Maiden Name, Vincenzo Cipolla

7. Mother's Birthplace, Italy

8. Full Name of Father, Tommaso Cipolla

9. Father's Occupation, mercantile

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_



## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1207 1/2 N. 1st St. Minneapolis, Minn.

Remarks, .....

WM. J. C. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

195508

15508

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *Colored*

2 Date of Birth 11/22/14

Place of Birth (Street and Number) 15-64 E. Bunker St.

5. Full Name of Mother: Mary Ann [unclear]

5. Full Name of Mother, James C. [unclear]

6. Mother's Maiden Name, John Jones

7. Mother's Birthplace,..... Leitchburg, Tenn

8. Full Name of Father, Charles J. DeLeonis

9. *Father's Occupation,* ..... *Farmer and Clerk*

10. Father's Birthplace, Walters, Md

Name of Medical Attendant, or other person who makes this Return, H. A. Linscott

Address, 225 Penn St

Remarks, Birth Premature Baby not

# RETURN OF A BIRTH 18539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 2*

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *Color*
  3. Date of Birth, *May 25*
  4. Place of Birth, (Street and Number) *616 Callet St*
  5. Full Name of Mother, *Elizer Butler*
  6. Mother's Maiden Name, *Elizer Calley*
  7. Mother's Birthplace, *Sant Mary County MD*
  8. Full Name of Father, *Tom Butler*
  9. Father's Occupation, *Wagoner*
  10. Father's Birthplace, *Sant Mary County MD*
- Name of Medical Attendant, or other person who makes this Return.
- Address, *Martha Calley 2203 Duwison St*
- Remarks,

See to make and to return a copy of this Return to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the Return. If the Return is not made and returned within the time specified, the Registrar of Vital Statistics, Board of Health, Baltimore City, may cause the Return to be made and returned by some other person, and the cost of such service shall be paid by the person who failed to make and return the Return. If the Return is not made and returned within the time specified, the Registrar of Vital Statistics, Board of Health, Baltimore City, may cause the Return to be made and returned by some other person, and the cost of such service shall be paid by the person who failed to make and return the Return. If the Return is not made and returned within the time specified, the Registrar of Vital Statistics, Board of Health, Baltimore City, may cause the Return to be made and returned by some other person, and the cost of such service shall be paid by the person who failed to make and return the Return.

L-5510

more data

4/5'

Section 7. And be it further enacted, that any person who, in the City of Baltimore, under whose charge or superintendence a birth shall be made, shall neglect or refuse to furnish to the Commissioner of Health, within the time prescribed by law, a true and correct statement of the birth, or shall furnish a statement which is false or fraudulent, or shall fail to comply with the provisions of this section, shall be subject to a fine of not less than five dollars, nor more than ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH 192711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, May 29/91
  4. Place of Birth, (Street and Number) 356 Doretman St.
  5. Full Name of Mother, Katie Van Doncker
  6. Mother's Maiden Name, Lolly
  7. Mother's Birthplace, Ireland
  8. Full Name of Father, Van Doncker
  9. Father's Occupation, Clerk
  10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.
- Address,
- Remarks,

SECTION 189. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births and shall enter the same on a blank schedule to be furnished to him by the Registrar of Health. This schedule shall contain a list of the births which have occurred in the City of Baltimore during the month in which the birth has occurred, and shall be filled out by the midwife or other person who has attended the birth, and shall be delivered to the Registrar of Health on or before the first day of the month following the month in which the birth has occurred. The Registrar of Health shall cause the birth of any child to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore.

CITY OF BALTIMORE

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 29/91

4. Place of Birth, (Street and Number) 1639 W. Calhoun St

5. Full Name of Mother, Mary C. Stonaker

6. Mother's Maiden Name, Belknap

7. Mother's Birthplace, Fredrick City, Md.

8. Full Name of Father, Joseph R. Stonaker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

NOTE.—If a child is born and the mother is a foreigner, the father is a foreigner, or the child is a foreigner, the father and mother shall be required to appear before the Registrar of Vital Statistics, Board of Health, Baltimore City, and the child shall be registered in the birth record. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or persons of such attendance upon the mother immediately to report the birth of the child to the Registrar of Vital Statistics, Board of Health, Baltimore City, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th child*

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race) *white*

3. Date of Birth, *213 W Pratt St*

4. Place of Birth, (Street and Number) *30 May 1891*

5. Full Name of Mother, *Attie Charlotte Shreus*

6. Mother's Maiden Name, *O. C. H. Noethe*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Julius E. C. Shreus*

9. Father's Occupation, *Baker*

10. Father's Birthplace, *Selmeckhorst - Oldenburg - Germany.*

Name of Medical Attendant, or other person who makes this Return, *L. F. Pinkard*

Address, *220 W Madison St.*

Remarks,





Section 7. And be it further enacted, that every person who shall be in attendance upon the mother, immediately thereafter, shall be required to report the birth of every child to the Commissioner of Health, in the manner and form provided in this section, and to the Registrar of Vital Statistics, within the time specified in this section. And be it further enacted, that every person who shall be in attendance upon the mother, immediately thereafter, shall be required to report the birth of every child to the Commissioner of Health, in the manner and form provided in this section, and to the Registrar of Vital Statistics, within the time specified in this section. And be it further enacted, that every person who shall be in attendance upon the mother, immediately thereafter, shall be required to report the birth of every child to the Commissioner of Health, in the manner and form provided in this section, and to the Registrar of Vital Statistics, within the time specified in this section.

## RETURN OF A BIRTH

192515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

12 m.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

May 31/91.

4. Place of Birth, (Street and Number)

5-73 Dolphin St.

5. Full Name of Mother,

Mary A. Cullington

6. Mother's Maiden Name,

Friegans

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Thos H. Cullington

9. Father's Occupation,

Driver

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

J. A. Christians M.D.

Address,

Remarks,

13516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state ~~whether~~ 1st, 2d, &c.)

Sex, (~~State whether male or female~~)

Race or color, (~~if~~ not of the white race) Negro.

Date of Birth, 6/1/91

4. Place of Birth, (Street and Number) 589 Oxford St.

5. Full Name of Mother, *Hennette Mair*

6. *Mother's Maiden Name,* \_\_\_\_\_

7. *Mother's Birthplace,* m

8. Full Name of Father, William Marik

9. *Father's Occupation,* *Labour*

10. *Father's Birthplace,* Mo.

*Name of Medical Attendant.* or other person who makes this Return.

Address, 601 Franklin St

Remarks,

Wm J C DULANY &amp; CO CITY PRINTERS AND STATIONERS

Baltimore under whose seal and signature the birth certificate is filed, and the physician or other person who makes this return, shall be liable to a fine of ten dollars for each offense, and to the costs of the proceedings for the recovery of the same. This schedule shall contain a list of the births which have occurred under his or her care during the month and shall be delivered, duly signed by the physician or other person, to the Registrar of Vital Statistics, on the third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance upon the mother immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, and the costs of the proceedings for the recovery of the same.

# RETURN OF A BIRTH. 1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8th. 1891

4. Place of Birth, (Street and Number) 712 Greenmount av

5. Full Name of Mother, Alverda Heisler

6. Mother's Maiden Name, Alverda Rodenmayer

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Wm. G. Heisler

9. Father's Occupation, Civil Engineer

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, Wilmer Birniten M.D.

Address, Calvert & Preston Sts

Remarks,

That any Physician, midwife, or other person, who shall neglect to report to the Registrar of Births, within six days thereafter, stating distinctly the date of birth, sex, color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

May 12, 1891

4. Place of Birth, (Street and Number)

2219 McEldory St.

5. Full Name of Mother,

Sarah A. Jones

6. Mother's Maiden Name,

Sarah B. Jones

7. Mother's Birthplace,

Dorchester Co., Md.

8. Full Name of Father,

John W. Travers

9. Father's Occupation,

Brickmaker

10. Father's Birthplace,

Dorchester Co., Md.

Name of Medical Attendant, or other Person who makes this return.

Sarah A. Jones

Address,

2219 McEldory St.

Remarks,

The child is healthy and robust

Section 7. And he is further enacted and ordered that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall be liable to a fine of ten dollars for each offense, to be recovered by the Board of Health. This schedule shall contain a list of the births which have occurred under his or her care during the year, and shall be filed in the office of the Registrar of Births, and shall be subject to the inspection of the Board of Health. And it is further enacted and ordered that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall be liable to a fine of ten dollars for each offense, to be recovered by the Board of Health. And it is further enacted and ordered that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall be liable to a fine of ten dollars for each offense, to be recovered by the Board of Health.

## RETURN OF A BIRTH. 1957 19

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) Colored
  3. Date of Birth, May 5<sup>th</sup> 1957
  4. Place of Birth, (Street and Number) 2124 Ething St Baltimore Md
  5. Full Name of Mother, Gussie D. Matthews
  6. Mother's Maiden Name, Gussie D. Booz
  7. Mother's Birthplace, Baltimore Md
  8. Full Name of Father, Isaac S. Matthews
  9. Father's Occupation, Porter Johns Hopkins Hospital
  10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Sarah C. Vettes
- Address, 2206 Ething St Baltimore Md
- Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. 17530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~ ~~3d~~ ~~4th~~ ~~5th~~ ~~6th~~ ~~7th~~ ~~8th~~ ~~9th~~ ~~10th~~ ~~11th~~ ~~12th~~ ~~13th~~ ~~14th~~ ~~15th~~ ~~16th~~ ~~17th~~ ~~18th~~ ~~19th~~ ~~20th~~ ~~21st~~ ~~22d~~ ~~23d~~ ~~24th~~ ~~25th~~ ~~26th~~ ~~27th~~ ~~28th~~ ~~29th~~ ~~30th~~ ~~31st~~ ~~32d~~ ~~33d~~ ~~34th~~ ~~35th~~ ~~36th~~ ~~37th~~ ~~38th~~ ~~39th~~ ~~40th~~ ~~41st~~ ~~42d~~ ~~43d~~ ~~44th~~ ~~45th~~ ~~46th~~ ~~47th~~ ~~48th~~ ~~49th~~ ~~50th~~ ~~51st~~ ~~52d~~ ~~53d~~ ~~54th~~ ~~55th~~ ~~56th~~ ~~57th~~ ~~58th~~ ~~59th~~ ~~60th~~ ~~61st~~ ~~62d~~ ~~63d~~ ~~64th~~ ~~65th~~ ~~66th~~ ~~67th~~ ~~68th~~ ~~69th~~ ~~70th~~ ~~71st~~ ~~72d~~ ~~73d~~ ~~74th~~ ~~75th~~ ~~76th~~ ~~77th~~ ~~78th~~ ~~79th~~ ~~80th~~ ~~81st~~ ~~82d~~ ~~83d~~ ~~84th~~ ~~85th~~ ~~86th~~ ~~87th~~ ~~88th~~ ~~89th~~ ~~90th~~ ~~91st~~ ~~92d~~ ~~93d~~ ~~94th~~ ~~95th~~ ~~96th~~ ~~97th~~ ~~98th~~ ~~99th~~ ~~100th~~ ~~101st~~ ~~102d~~ ~~103d~~ ~~104th~~ ~~105th~~ ~~106th~~ ~~107th~~ ~~108th~~ ~~109th~~ ~~110th~~ ~~111st~~ ~~112d~~ ~~113d~~ ~~114th~~ ~~115th~~ ~~116th~~ ~~117th~~ ~~118th~~ ~~119th~~ ~~120th~~ ~~121st~~ ~~122d~~ ~~123d~~ ~~124th~~ ~~125th~~ ~~126th~~ ~~127th~~ ~~128th~~ ~~129th~~ ~~130th~~ ~~131st~~ ~~132d~~ ~~133d~~ ~~134th~~ ~~135th~~ ~~136th~~ ~~137th~~ ~~138th~~ ~~139th~~ ~~140th~~ ~~141st~~ ~~142d~~ ~~143d~~ ~~144th~~ ~~145th~~ ~~146th~~ ~~147th~~ ~~148th~~ ~~149th~~ ~~150th~~ ~~151st~~ ~~152d~~ ~~153d~~ ~~154th~~ ~~155th~~ ~~156th~~ ~~157th~~ ~~158th~~ ~~159th~~ ~~160th~~ ~~161st~~ ~~162d~~ ~~163d~~ ~~164th~~ ~~165th~~ ~~166th~~ ~~167th~~ ~~168th~~ ~~169th~~ ~~170th~~ ~~171st~~ ~~172d~~ ~~173d~~ ~~174th~~ ~~175th~~ ~~176th~~ ~~177th~~ ~~178th~~ ~~179th~~ ~~180th~~ ~~181st~~ ~~182d~~ ~~183d~~ ~~184th~~ ~~185th~~ ~~186th~~ ~~187th~~ ~~188th~~ ~~189th~~ ~~190th~~ ~~191st~~ ~~192d~~ ~~193d~~ ~~194th~~ ~~195th~~ ~~196th~~ ~~197th~~ ~~198th~~ ~~199th~~ ~~200th~~ ~~201st~~ ~~202d~~ ~~203d~~ ~~204th~~ ~~205th~~ ~~206th~~ ~~207th~~ ~~208th~~ ~~209th~~ ~~210th~~ ~~211st~~ ~~212d~~ ~~213d~~ ~~214th~~ ~~215th~~ ~~216th~~ ~~217th~~ ~~218th~~ ~~219th~~ ~~220th~~ ~~221st~~ ~~222d~~ ~~223d~~ ~~224th~~ ~~225th~~ ~~226th~~ ~~227th~~ ~~228th~~ ~~229th~~ ~~230th~~ ~~231st~~ ~~232d~~ ~~233d~~ ~~234th~~ ~~235th~~ ~~236th~~ ~~237th~~ ~~238th~~ ~~239th~~ ~~240th~~ ~~241st~~ ~~242d~~ ~~243d~~ ~~244th~~ ~~245th~~ ~~246th~~ ~~247th~~ ~~248th~~ ~~249th~~ ~~250th~~ ~~251st~~ ~~252d~~ ~~253d~~ ~~254th~~ ~~255th~~ ~~256th~~ ~~257th~~ ~~258th~~ ~~259th~~ ~~260th~~ ~~261st~~ ~~262d~~ ~~263d~~ ~~264th~~ ~~265th~~ ~~266th~~ ~~267th~~ ~~268th~~ ~~269th~~ ~~270th~~ ~~271st~~ ~~272d~~ ~~273d~~ ~~274th~~ ~~275th~~ ~~276th~~ ~~277th~~ ~~278th~~ ~~279th~~ ~~280th~~ ~~281st~~ ~~282d~~ ~~283d~~ ~~284th~~ ~~285th~~ ~~286th~~ ~~287th~~ ~~288th~~ ~~289th~~ ~~290th~~ ~~291st~~ ~~292d~~ ~~293d~~ ~~294th~~ ~~295th~~ ~~296th~~ ~~297th~~ ~~298th~~ ~~299th~~ ~~300th~~ ~~301st~~ ~~302d~~ ~~303d~~ ~~304th~~ ~~305th~~ ~~306th~~ ~~307th~~ ~~308th~~ ~~309th~~ ~~310th~~ ~~311st~~ ~~312d~~ ~~313d~~ ~~314th~~ ~~315th~~ ~~316th~~ ~~317th~~ ~~318th~~ ~~319th~~ ~~320th~~ ~~321st~~ ~~322d~~ ~~323d~~ ~~324th~~ ~~325th~~ ~~326th~~ ~~327th~~ ~~328th~~ ~~329th~~ ~~330th~~ ~~331st~~ ~~332d~~ ~~333d~~ ~~334th~~ ~~335th~~ ~~336th~~ ~~337th~~ ~~338th~~ ~~339th~~ ~~340th~~ ~~341st~~ ~~342d~~ ~~343d~~ ~~344th~~ ~~345th~~ ~~346th~~ ~~347th~~ ~~348th~~ ~~349th~~ ~~350th~~ ~~351st~~ ~~352d~~ ~~353d~~ ~~354th~~ ~~355th~~ ~~356th~~ ~~357th~~ ~~358th~~ ~~359th~~ ~~360th~~ ~~361st~~ ~~362d~~ ~~363d~~ ~~364th~~ ~~365th~~ ~~366th~~ ~~367th~~ ~~368th~~ ~~369th~~ ~~370th~~ ~~371st~~ ~~372d~~ ~~373d~~ ~~374th~~ ~~375th~~ ~~376th~~ ~~377th~~ ~~378th~~ ~~379th~~ ~~380th~~ ~~381st~~ ~~382d~~ ~~383d~~ ~~384th~~ ~~385th~~ ~~386th~~ ~~387th~~ ~~388th~~ ~~389th~~ ~~390th~~ ~~391st~~ ~~392d~~ ~~393d~~ ~~394th~~ ~~395th~~ ~~396th~~ ~~397th~~ ~~398th~~ ~~399th~~ ~~400th~~ ~~401st~~ ~~402d~~ ~~403d~~ ~~404th~~ ~~405th~~ ~~406th~~ ~~407th~~ ~~408th~~ ~~409th~~ ~~410th~~ ~~411st~~ ~~412d~~ ~~413d~~ ~~414th~~ ~~415th~~ ~~416th~~ ~~417th~~ ~~418th~~ ~~419th~~ ~~420th</~~

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *107 Astor St*
4. Place of Birth, (Street and Number) *107 Astor St*
5. Full Name of Mother, *Lizzie Wheeler*
6. Mother's Maiden Name, *Lizzie B. Burkhart*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Harry Irvin Wheeler*
9. Father's Occupation, *Insurance Agent*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *Dr. W. C. Carr*
- Address, *926 Light St*
- Remarks.



# RETURN OF A BIRTH 192521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 2/91

4. Place of Birth, (Street and Number) 1364 Myrtle Ave.

5. Full Name of Mother, Mollie B. McCullough

Mother's Maiden Name, Clautier

7. Mother's Birthplace, Balto.

8. Full Name of Father, Harry H. McCullough

9. Father's Occupation, Dayman

10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, J. H. Christies M.D.

Address,

Remarks,

Section 5. A person practicing midwifery in the City of Baltimore under a license shall, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## 115532

more City.

2nd

Female

White

Law 22nd

7/5. 1st Str. Canton

Mary Hammel

u Burke

Balls

John Hamner

Moulder

Ballou

For J. W. Weber M.D.

1921 Canton Ave.

Remarks,

[illegible]

And be it further enacted, that every person practicing midwifery in the City of Baltimore, who shall keep a true and correct record of the births occurring in the City of Baltimore, and shall set forth as far as the same can be ascertained, the date, hour, place, sex, race or color, the full name of each child, if any shall be born, and the name of the mother, and the name of the father, and the name of the physician or other person attending upon the mother, immediately after the birth of each child, shall report the same to the Commissioner of Health, within the period above required, and shall be subject to the same penalties as are provided for in the Act relating to the registration of births, and shall be liable to the same fines and forfeitures as are provided for in the Act relating to the registration of births.

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

100523

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 24/91
4. Place of Birth, (Street and Number) 427 Fourth St
5. Full Name of Mother, Mollie E. Welch
6. Mother's Maiden Name, Sothron
7. Mother's Birthplace, Anne Arundel Co. Md.
8. Full Name of Father, Wm H. Welch
9. Father's Occupation, Saladman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

## 105534

105534

3

General

Boyd

June 24<sup>th</sup> 1891

810 Parish Alley Raleigh

Margett Williams

Margett Sheppard

*Guernsey*

Charles Williams

Laboring Mass.

Howard Co. Md.

Maria Jones

1337. *Heliotropium*

[illegible]

RETURN OF A BIRTH. A10535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, ..

*Address,*

Remarks,

WM. J. G. DULANY & CO, CITY PRINTERS AND STATIONERS

[illegible]

SECTION 8. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter take place, shall keep a record of the births of children born in the City of Baltimore, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date of its birth, the sex, the color, the day of each and every such birth, the name of the medical attendant, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore.

# RETURN OF A BIRTH. A 173526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 27 - 1891*
4. Place of Birth, (Street and Number) *1806 W. Saratoga St.*
5. Full Name of Mother, *Leticia Murphy*
6. Mother's Maiden Name, *Morgan*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank L. Murphy*
9. Father's Occupation, *Smith*
10. Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return, *John Seff M.D.*
- Address, *701 Monument Ave*
- Remarks, \_\_\_\_\_

SECTION 7. And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. The said schedule shall be filled out by the midwife or other person who has attended the birth, and shall be delivered to the Commissioner of Health, within the month, and shall set forth as far as the facts of the birth will permit, the date and place of birth, the sex, color, the full name and occupation of the father, the full name and occupation of the mother, the date of birth, the day of each and every month to the office of the Commissioner of Health, in case the birth occurs without the attendance of a physician or midwife, or should no other person be present, and shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, to sign the schedule, and to deliver it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

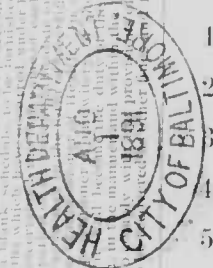
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Record of Vital Statistics in the City of Baltimore.  
And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall be and is hereby required to register with the Health Department and to keep a correct record of all births occurring in the City of Baltimore. This schedule shall conform to the schedule of the Health Department and shall be subject to the inspection of the Health Department at any time. Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered by the Health Department.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 29- 1891*

4. Place of Birth, (Street and Number) *Holland St 934*

5. Full Name of Mother, *Blanch Spilegarth*

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Edward T. Spilegarth*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *B. H. McClellan M.D.*

Address, *109 Penn St*

Remarks, \_\_\_\_\_



## 195529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harsh

Ma b

While

June 30 - 1891

Andre St 1423 Locust Point

Sarah A. Gidden



Baltimore Md

George W. Snider

Blank

Balhiro

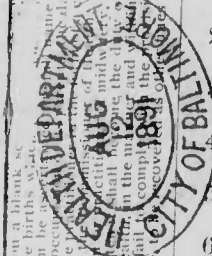
C. H. McCall, Jr. D

109. Penn *SB*

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

[illegible]

Health Officer, at each birth, and shall enter the same on a blank card, which shall contain a list of the births occurring in the month and which shall be filed in the office of the Health Officer. If the child is born at a place other than the place of residence of the mother, the Health Officer shall be notified by the mother or by the person who has charge of the child, and the Health Officer shall cause the birth to be reported to the proper authorities. In case the birth of any child is reported to the Health Officer, and the Health Officer fails to cause the birth to be reported to the proper authorities, he shall be liable to a fine of ten dollars for each offense. The provisions of this section shall be subject to the provisions of the Act of the General Assembly of the State of Maryland, relating to the registration of births and deaths, and to the provisions of the Act of the General Assembly of the State of Maryland, relating to the registration of marriages.



# RETURN OF A BIRTH. A-530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30<sup>th</sup> 1891

4. Place of Birth, (Street and Number) Baltimore E. Baltimore St No. 1921

5. Full Name of Mother, Mrs. Bedie Wender

6. Mother's Maiden Name, Mrs. Bedie Petterson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. Ted Wender

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Jos. Kanagar

Address, No 2026 E. Fayette St. B. Md.

Remarks, \_\_\_\_\_

SECTION 7. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

1. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

2. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

3. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

4. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

5. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

6. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

7. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

8. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

9. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

10. Any person who, in the City of Baltimore, shall be guilty of the following offenses, shall be liable to a fine of not more than ten dollars for each offense, and to imprisonment in the City Jail for not more than thirty days, or to both such fine and imprisonment, at the discretion of the Court.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 30 June 1891

4. Place of Birth, (Street and Number) 1111 Ething St

5. Full Name of Mother, Sophrina Hill

6. Mother's Maiden Name, Garreth

7. Mother's Birthplace, Exeter Co. Va.

8. Full Name of Father, Forrestine Hill

9. Father's Occupation, Waiter

10. Father's Birthplace, King and Queen Co Va

Name of Medical Attendant, or other person who makes this Return. Hester Cotaine

Address, 509 Preston St

Remarks, \_\_\_\_\_

RETURN OF A BIRTHA 195762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) \_\_\_\_\_

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks

CHEN NAME ... 3-17-52

h. g. w.

## 1457.3

1457.3

.....

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

156-584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,

[illegible]

Section 100. - And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, June 16<sup>th</sup> 1891

4. Place of Birth, (Street and Number) 212 Arisquith St

5. Full Name of Mother, Julia T. O'mailly

6. Mother's Maiden Name, " Hamilton

7. Mother's Birthplace, Balto.

8. Full Name of Father, John A. O'mailly

9. Father's Occupation, Merchant

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Edmund M. Smith

Address, 208 Arisquith St

Remarks, \_\_\_\_\_



SECTION 7.—And he it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, who shall be charged or summoned by the Registrar of Health, to be and correct the same, shall enter the same on a list of the births which he or she has attended, and shall set forth as follows: the name of the child, the date of birth, the sex, color, the full name of the mother, the name of the father, the place of birth, the date of birth, the name of the medical attendant, the name of the physician or practitioner of the law, the name of the person who makes this return, and the name of the person who is required to be subject to the fine of ten dollars for each offense, to be recovered as provided in the City of Baltimore, and the same shall be recoverable.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

## RETURN OF A BIRTH 103536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *June 18/91*

4. Place of Birth, (Street and Number) *1625 Pennsylvania Ave.*

5. Full Name of Mother, *Eugenia C. Heude*

6. Mother's Maiden Name, *Fitchett*

7. Mother's Birthplace, *Norfolk, Va.*

8. Full Name of Father, *Frank C. Heude*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Berlin, Germany*

Name of Medical Attendant, or other person who makes this Return, *J. H. Sebastian M.D.*

Address,

Remarks,



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (*State whether male or female*)
2. Race or color, (*if not of the white race*)
3. Date of Birth,
4. Place of Birth, (*Street and Number*)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks,

2 over

Female

White.

June 18<sup>th</sup> 1891

831 Fifth St.

Annie E. Hadaway

White...

Batte, ad. m.

Mr. E. Hadaway

Meller

Talbot Co. Md.

R. C. Lee

Homocid. St. Cath.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sex, (state whether male or female)

Race or color, (if not of the white race)

Date of Birth,

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

Remarks,

[illegible]

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~State whether male or~~ female)

2. Race or color, (if not of the white race) white

3. *Date of Birth,* 6/7/91

4. Place of Birth, (Street and Number) 216 Pearl St

5. Full Name of Mother, Mary E. Jones.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. Full Name of Father, Henry D Jones

9. *Father's Occupation,* Machinist

10. Father's Birthplace, Manila

*Name of Medical Attendant,* or other person who makes this Return.

Address, 621 Franklin

Remarks.

WM. C. MULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 7. And he it further enacted and ordained, That every practicing midwifery in the City of Baltimore, who shall be charged with the registration of such births, shall be required to file a schedule of such births, containing the name, sex, color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes this return, address, and remarks, and shall set forth as far as the same can be ascertained, the name of the physician, and the name of the hospital, or other place, where such child was born, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1905-10

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) W

3. Date of Birth, June 7th

4. Place of Birth, (Street and Number) 918 Forrest St

5. Full Name of Mother, Laura V. Johnson

6. Mother's Maiden Name, Laura V. Lawson

7. Mother's Birthplace, Cincinnati Ohio

8. Full Name of Father, William J. Johnson

9. Father's Occupation, Baggage Agent

10. Father's Birthplace, Philada Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. W. M. Mennel (Wid wife)

Address, 923 Penna Ave

Remarks, one of the best

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1891  
CITY OF BALTIMORE

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd,  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, June 10th. 1891  
4. Place of Birth, (Street and Number) S. W. Cor. Eager and Valley St.,  
5. Full Name of Mother, Elizabeth Dempsey  
Mother's Maiden Name, Elizabeth Dempsey  
6. Mother's Birthplace, Lamberville, N.J.  
7. Full Name of Father, James Dempsey  
8. Father's Occupation, Carter,  
9. Father's Birthplace, Baltimore, Md.  
10. Name of Medical Attendant, or other person who makes this Return, Wilmer Britton, M.D.  
Address, Calvert & Preston Sts.  
Remarks,

[illegible]

Record of Vital Statistics in the City of Baltimore

27-025712  
H: 2.11.22

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4, 1884
4. Place of Birth, (Street and Number) Amherst St. No.
5. Full Name of Mother, Susan Knight
6. Mother's Maiden Name, Susan Thornton
7. Mother's Birthplace, Amherst St. No.
8. Full Name of Father, Wm. L. Huntington Knight
9. Father's Occupation, Teaching school
10. Father's Birthplace, Amherst St. No.
- Name of Medical Attendant, or other person who makes this Return, Sophia Huntington
- Address, 13 E. State St.
- Remarks,

SECTION 7. And be it further enacted and ordained that every person who shall deliver a child in the City of Baltimore, shall, within the month following the birth of such child, cause to be filed in the Office of the Registrar of Births, a certificate of birth, in the form and to the effect hereinafter prescribed, to be furnished by the Commissioner of Health. This certificate shall contain a list of the names of the parents, the date and place of birth of the child, the sex, color, and shall set forth as far as the same may be ascertained, the name of the physician or midwife attending the birth, and the name of the person who shall have the custody of the child. The certificate shall be signed by the physician or midwife attending the birth, or by the person who shall have the custody of the child, and shall be subject to the inspection and correction of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person who shall have the custody of the child shall immediately report the birth to the Commissioner of Health, and shall file a certificate of birth in the Office of the Registrar of Births, within the month following the birth of the child. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, and the certificate so filed shall be subject to the correction of the Commissioner of Health, and the same shall be recoverable.

RETURN OF A BIRTH  
CERTIFICATE CORRECTED 5-23-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harriet Amanda Yeagy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 3rd. 1891

4. Place of Birth, (Street and Number) 442 Federal St

5. Full Name of Mother, Kate Bashore (Yeagy) Yeagy

6. Mother's Maiden Name, Kate (Bashore) Bashore

7. Mother's Birthplace, Hanover Pa

8. Full Name of Father, GE. E. Yeagy

9. Father's Occupation, A.C.R.A. Engineer

10. Father's Birthplace, Gettysburg Pa

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, Calvert and Preston Sts.

Remarks,



DOCUMENTS ACCEPTED AS SUPPORTING EVIDENCE

1. Parents Marriage Record	Surname Zagly Yeagy Mother's Maiden Name Bashore Basehor
2.	
3.	Address Add Given Name
H. Amanda Yeagy 3902 Ednor Rd. Balt 18, Md. 5-23-61 K1A	

Surname  
Zagly Yeagy  
Mother's Maiden Name  
Baseball  
Add Given Name

H. Amanda Yeagy  
3902 Ednor Rd. Walts 18, Md  
5-23 61

Sections 7. And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or control any child shall be born, shall keep a true and correct register of such birth, and shall enter the same on a book to be kept for that purpose, and the contents of this schedule shall contain a list of the births which have occurred during the month and year for the same can be ascertained the full name of each child, its age during the month and year of its birth, the occupation of its parents, the date and place of birth, and the sex of the child. And the form of the certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the said certificate shall be delivered, duly signed by the physician or practitioner of midwifery, or should the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child occur upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of the child to the Commissioner of Health, in the manner and within the period above required, such person or persons to shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, and such fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5  
1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) Colored  
3. Date of Birth, June 10th 1891  
4. Place of Birth, (Street and Number) No 1130 Wilmore (Hill) Baltimore  
5. Full Name of Mother, Frances Rooze  
6. Mother's Maiden Name, Frances Smith  
7. Mother's Birthplace, Calvert Co  
8. Full Name of Father, David Rooze  
9. Father's Occupation, Fruitridge Factory  
10. Father's Birthplace, Calvert Co  
Name of Medical Attendant, or other person who makes this Return, Sarah E. Det  
Address, 2206 Ewing St.  
Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, 16<sup>th</sup> June 1911

4. Place of Birth, (Street and Number) 2306 Stockton

5. Full Name of Mother, Mrs Annie Jenkins est

6. Mother's Maiden Name, Annie H. Michael

7. *Mother's Birthplace,* *Balto County,*

8. Full Name of Father, Edward Jenkins

9. Father's Occupation, ... Work in Green run Cement

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah E. Host

Address, 2206 Etting St

Remarks, .....

[illegible]

And be it further enacted, and ordained, that every person practicing midwifery in the City of Baltimore, under and in pursuance of a license a birth shall hereafter, take place, shall keep a true and correct register of such birth, and shall enter the same in the said register, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth, the sex, the race or color, the date and place of birth, and the occupation of its parents, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother or other person be in attendance upon the mother, immediately thereafter it shall be the duty of the mother and within the period of such child to report its birth to the Commissioner of Health, in the form of a certificate, and the provisions of this section shall be applied to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over  
RETURN OF A BIRTH 15546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Mary Vincent Percy*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*  
1. Sex, (state whether male or female) *girl*  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, *5 Nov.*  
4. Place of Birth, (Street and Number) *1526 Cherry St.*  
5. Full Name of Mother, *Emma (Percy) Percy*  
6. Mother's Maiden Name, *(Fogarty) Fogarty*  
7. Mother's Birthplace, *Ball.*  
8. Full Name of Father, *Robert T. (Percy) Percy*  
9. Father's Occupation, *horseshoe*  
10. Father's Birthplace, *Ball.*  
Name of Medical Attendant, or other person who makes this Return, *Angela Walker*  
Address, *928 V. Cent. St.*  
Remarks, \_\_\_\_\_

CORRECTED BY Baptista Bondano  
SEE DOCUMENT FILE NO. 106-102546  
DATE 7/3/45 A. J. P. Jones  
CLERK

*Mother's affidavit*

GIVEN NAME ADDED - 2/16/71

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ANNA TRUMP AMSPACHER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 19th. 1891
4. Place of Birth, (Street and Number) 1631 St. Spring St.
5. Full Name of Mother, Eva Ampacher.
6. Mother's Maiden Name, Eva Trump.
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Elmer Ampacher.
9. Father's Occupation, Hostler.
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Wilmer Barton, M.D.

Address, Calvert and Point Sts.

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

Correct Record of Vital Statistics in the City of Baltimore.  
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or alive, the full name, nativity, and residence of the parents, and the maiden name of the mother.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation,

11. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks.

1. 1  
2. male  
3. white  
4. 24th of June  
5. 1123. Wane good St.  
6. Eleonora Leitbecher  
7. Eleonora Fröb  
8. Germany  
9. Gustaph Leitbecher  
10. Machinist  
11. Germany  
Name of Medical Attendant, Friederike Kauter midwife  
Address, 216 West Pratt St.

## RETURN OF A BIRTH. 16549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,* ..... 15 June

4. Place of Birth, (Street and Number) 7580, Chev. st.

5. Full Name of Mother, Doe Charles

6. Mother's Maiden Name, - Jaeger

7. Mother's Birthplace, Heese, Ohio

8. Full Name of Father, Heemi Akhbar

9. *Father's Occupation,* Carpenter

10. Father's Birthplace, Hessen

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Ave.

Remarks, .....

WM. J. C. DULANY &amp; CO. CITY PRINTERS AND STATIONERS

SECTION 7. And be it further enacted and ordained, that the following provisions shall be in and to the effect, to wit: That the Commissioner of the Department of Health, upon the application of the mother, or of the father, or of the person or persons of such child, shall report its birth to the Commissioner of Health, in the period above required, and, if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible][illegible]

SECTION 7. And be it further enacted and ordained, that the following provisions shall be in full maintenance under whose charge or superintendence a birth shall occur. Said mother shall be required to report to the Commissioner of Health, in person or by a duly authorized agent, the date, place and time of such birth, and the name of the child, if any shall be born, within the first month, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, the name of the physician or other person in attendance upon the birth, and the date between the first and second of the said month, and the date between the birth of any child and the birth of any other child, in the person or persons of such mother, and shall cause the same to be duly entered in the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

SECTION 7. And be it further enacted and ordained, that the following provisions shall be in full maintenance under whose charge or superintendence a birth shall occur. Said mother shall be required to report to the Commissioner of Health, in person or by a duly authorized agent, the date, place and time of such birth, and the name of the child, if any shall be born, within the first month, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of its parents, the name of the physician or other person in attendance upon the birth, and the date between the first and second of the said month, and the date between the birth of any child and the birth of any other child, in the person or persons of such mother, and shall cause the same to be duly entered in the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible]



## 105751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

Sex, (state whether male or female)

5 Race or Color, (if not of the white race).

5 Date of Birth, Dec 22, 1977

Place of Birth, (Street and Number) 801 East 10th St.

5. Full Name of Mother, Mary Lovell

6 *Mother's Maiden Name*,.....

7 Mother's Birthplace, Italy

8 Full Name of Father: Nicola J. Valussi

0. *Father's Occupation*

10. Father's Birthplace *Italy*

Name of Medical Attendant or other person who

Wm. J. C. BULANY CO CITY PRINTERS AND STATIONERS

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under such birth, and shall enter the same on the birth register of such birth, and shall set forth as far as the same can be ascertained, the name of the mother, the name of the child, the date of birth, the place of birth, the sex of the child, the color of the child, the name of the physician or physicianess, the name of the medical attendant, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore, and forfeitures are recoverable by the City of Baltimore.

## RETURN OF A BIRTH. 190532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 111

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 5<sup>th</sup> 1891

4. Place of Birth, (Street and Number) Bradford Alley 133

5. Full Name of Mother, Mary Hansen

6. Mother's Maiden Name, " Salani

7. Mother's Birthplace, Norwegen

8. Full Name of Father, Olaf Salani

9. Father's Occupation, Fireman

10. Father's Birthplace, Norwegen

Name of Medical Attendant, or other person who makes this Return, Mrs. Buehler

Address, 235 S. Washington St.

Remarks,

Correct Record of Vital Statistics for the City of Baltimore.  
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether full-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of single child or children."

CITY OF BALTIMORE

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

1933

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

3. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Female

White

25th May

1933 West Pratt St

Amalia Schatzky

Amalia Moeyer

Baltimore

John Joseph Schatzky

His Father

Baltimore

Friedrich Wenzel M. D.

216 West Pratt St

## 1.65354

100

Pink - 1 - 2

*16 June 1970 - one - 15 mm hole*

Remarks,

A circular ink stamp from the Health Department of the City of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "CITY OF BALTIMORE" at the bottom. In the center of the stamp, the date "JUL 14 1891" is stamped. The stamp is slightly faded and overlaps with the text of the letter.

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Mary Louise Smith

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Balto

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2

West River Maryland

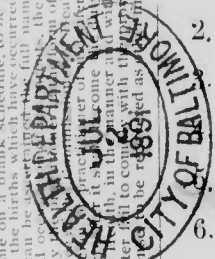
t, or other Person who makes this Return, Barth H. Tuzcar Kilgill

N<sup>o</sup> 223 Grinnell Court

Box 129 - 1911-1912

Bowles Grove Way, Aust

SECTION 7. - And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, shall keep a true and correct record of every birth occurring in the City of Baltimore, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of the mother, the date and place of birth, and the sex, color, and condition of the child at birth, and the name of the physician or other person who attended upon the mother, immediately after the birth, in the manner and within the period above required. And any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense.



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

Date of Birth, 16 day of June

Place of Birth, (Street and Number) 1135 North Fremont St

Full Name of Mother, Margaret Ann Linn

6. Mother's Maiden Name, Keasady

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Daniel Gosweller Linn

9. Father's Occupation, Saccharine Scale builder

10. Father's Birthplace, Harrisburg Penn

Name of Medical Attendent, or other person who makes this Return. Sarah Rawlings

Address, 1601 Pine St

Remarks, \_\_\_\_\_

[illegible]

RETURN OF A BIRTH. <sup>GIVEN NAME ADDED. 9-16-55</sup>

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Adella ~~Chaney~~ ~~West~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11081

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *June 1 - 91*
4. Place of Birth, (Street and Number) *No 11 West 1st St*
5. Full Name of Mother, *Provia J. Kennedy*
6. Mother's Maiden Name, *Wheeler*
7. Mother's Birthplace, *City of New York*
8. Full Name of Father, *Wm. J. Kennedy*
9. Father's Occupation, *Lawyer*
10. Father's Birthplace, *W. H. Co. Mass.*

Name of Medical Attendant, or other person who makes this Return, John H. H. H. H.

Address, La Deshauch & McCollum

Remarks, .....



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, age, color of the child or children born, its or their physical condition, whether still born or not, the age, name, nativity, and residence of the parents, and the maiden name of the mother, such child or children.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

1901

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Sex. (state whether male or female)

2. Race or Color. (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name.

7. Mother's Birthplace.

8. Full Name of Father.

9. Father's Occupation.

10. Father's Birthplace.

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male

White

1st of Jan'y

216 West Pratt St

Mina Kirschki

Mina Gomel

Germany

Charles Kirschki

Laber

Germany

Frederick Heuler Midwife

2116 West Pratt St

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks.

[illegible]

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Langen, Hist. No. 1269

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E. Schuman

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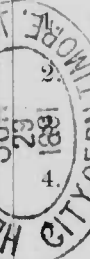
Baltimore

Medical Attendant, or other person who makes this Return,  
*Karoline Conway Test Ebg No 434*

\_\_\_\_\_

[illegible]

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the sex of the child, and shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be delivered to the Commissioner of Health, who shall report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore.



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child* L m 551
- Sex, (state whether male or female) *Male*
- Race or Color, (if not of the white race) *White*
- Date of Birth, *20 of June 1891*
- Place of Birth, (Street and Number) *Baltimore, Maryland St 316.*
- Full Name of Mother, *Mary Mathias*
6. Mother's Maiden Name, *Mary Rockstie*
7. Mother's Birthplace, *Kienloch Neussen Europa.*
8. Full Name of Father, *Fred Wilhelm Mathias*
9. Father's Occupation, *Spinner*
10. Father's Birthplace, *Borgholz Arid Harburg Neussen*
- Name of Medical Attendant, *Susan Hunter* or other person who makes this Return.
- Address, *23 St Poppleton St*
- Remarks,

L 12562

1572

Matchen

7/14/40

21 Jun Juni 1871

Belgiamend. H. N. 216

Milida Schweizer

Liba

Germani

Charles Schäfer

Mark Mahan

Bahinwar

nt, or other person who makes this Return.

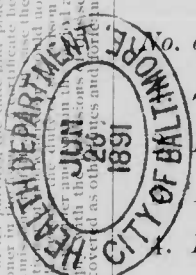
Medical Attendant, or other person who makes this Return  
 Abraham Young Son's Child 484

Remarks.

A circular ink stamp from the Baltimore Health Department. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "CITY OF BALTIMORE" at the bottom. In the center of the stamp, the date "JUN 28 1891" is stamped. The stamp is slightly faded and overlaps with the text of the document.



SECTION 5. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of the child, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of each and every month to the office of the Commissioner of Health, in the City of Baltimore, and shall report its birth to the Commissioner of Health, in the City of Baltimore, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
Sex, (state whether male or female) *Male*  
Race or Color, (if not of the white race) *Colored*  
Date of Birth, *June 2 1891*  
1. Place of Birth, (Street and Number) *No 7015 St Durham St*  
5. Full Name of Mother, *Maggie Travis*  
6. Mother's Maiden Name, *Maggie Davis*  
7. Mother's Birthplace, *St. Mary's County*  
8. Full Name of Father, *William B. Travis*  
9. Father's Occupation, *laborer*  
10. Father's Birthplace, *Eastern Shore District Md*  
Name of Medical Attendant, *Lucia Travis* or other person who makes this Return.  
Address, *No 7015 St Durham St*  
Remarks, *My occupation Mid Wife*



42555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One & half*

1. Sex, (state whether male or female) ..... Female

2. Race or Color, (if not of the white race) Colored Race

3. *Date of Birth,* June 19<sup>th</sup> 1891.

4. Place of Birth, (Street and Number) 503 10<sup>th</sup> den St.

5. Full Name of Mother, ..... Sizi'a Ann. Cook.

6. Mother's Maiden Name, Suzie Ann Thompson.

7. Mother's Birthplace,.....North Shumal Virginia

8. Full Name of Father, William Good.

9. Father's Occupation, ..... Laborer.

10. Father's Birthplace, Eastern Shore Ind.

Name of Medical Attendant, or other person who makes this Return. *Lucinda Woolford.*

Address, 428 North Leicester St.

Remarks, ..... Two Remarks.

[illegible]

## 11-56

## Baltimore City

— ◆ —

2nd

Male

John

June 17<sup>th</sup> 1891

1830 Collington Ave

Eva Mathiaticus

Eva Rahner

eva foringen  
Licht!

Joseph

Leith & Co  
(1811) 1811

(Andrew)

Tailor

*Leptocarpus*

Mar. B. Lusk NW

220 W. Broadway

*Record of Vital Statistics in the City of Baltimore.*

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

\_\_\_\_\_

Father a Naturalization certificate containing his given name  
 Nathaniel certificate showing birth date June 16, 1891  
 Court decree changing surname to Mathews

[illegible]

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) female.

2. Race or Color, (if not of the white race) white 13 years

3. Date of Birth, Point Avenue 1422

4. Place of Birth, (Street and Number) Guignade 3007.

5. Full Name of Mother, Michael

6. Mother's Maiden Name, Boiern

7. Mother's Birthplace, Andrus 3007.

8. Full Name of Father, stevedor.

9. Father's Occupation, Boiern

10. Father's Birthplace, Boiern

Name of Medical Attendant, or other person who makes this Return. Dr. J. J. J. J. J.

Address, Season str. 1421 Focus' Point.

Remarks,

Frederick's Naturalization certificate correcting his given name  
Baptismal certificate showing birth date June 16, 1891  
CORRECTED BY Court decree changing surname to Mathews  
SEE DOCUMENT: L 02566  
DATE 4-14-43 L. Jones  
CLERK

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the date and place of birth, and the date and place of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health, and shall report the same to the Commissioner of Health, upon the mother immediately thereafter, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII  
1. Sex, (state whether male or female) female  
2. Race or Color, (if not of the white race) white  
Date of Birth, 13  
Place of Birth, (Street and Number) Court Avenue 1422  
Full Name of Mother, Marguerite Zapp  
Mother's Maiden Name, Michael  
Mother's Birthplace, Boiern  
Full Name of Father, Andreas Zapp  
Father's Occupation, stevedor  
Father's Birthplace, Boiern  
Name of Medical Attendant, or other person who makes this Return, Harrison Majors  
Address, Season str. 1421 Focus Point  
Remarks,

## Record of Vital

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Record of Births and Deaths, Baltimore City, 1899

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *16 of June*

4. Place of Birth, (Street and Number) *E. Gough st 1736*

5. Full Name of Mother, *Annie Nemjior*

6. Mother's Maiden Name, *the daughter of*

7. Mother's Birthplace, *Balt City Md*

8. Full Name of Father, *George Nemjior*

9. Father's Occupation, *Labourer*

10. Father's Birthplace, *Balt City Md*

Name of Medical Attendant, or other person who makes this Return, *M. A. Thompson*

Address, *Birth 225 S. Ann st*

Remarks, *Premature Cause*

GIVEN NAME ADDED, 6-6-56  
RETURN OF A BIRTH. L02570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Jacobson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, (X) 5 June 1891

4. Place of Birth, (Street and Number) 224 Albemarle st

5. Full Name of Mother, Becke Jacobson

6. Mother's Maiden Name, Burke Klawansky

7. Mother's Birthplace, Lin Kewe Russia

8. Full Name of Father, Jack Jacobson

9. Father's Occupation, Lumber Worker

10. Father's Birthplace, Seimel Russia

Name of Medical Attendant, or other person who makes this Return, E. Klawansky

Address, 1177 E Lombard st

Remarks,



SECTION 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall deliver or assist in the delivery of any child, shall keep a true and correct register of such birth, and shall enter the name of the mother, the name of the child, the date of birth, the sex, color, race, and place of birth, and the name of the physician or midwife attending, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

## 1552

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

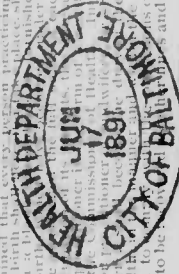
- Name of Medical Attendant, or other person who makes this Return.

Address, Headline Highway Fort Eby No 434

Remarks,

[illegible]

And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall take place shall keep a true and correct register of such births, and shall enter in the same in the following manner, to wit: The day, month, and year, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of the mother, the place of birth, and the name of the child, and shall also enter in the same the name of the person or persons attending the birth, and the name of the person or persons who shall hereafter fail to report its birth to the Commissioner of Health, and shall immediately thereafter cause such person or persons to be reported to the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be levied to the use of the City of Baltimore.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 June 1891

4. Place of Birth, (Street and Number) Borge St. No. 1542

5. Full Name of Mother, Maggie Siemore

6. Mother's Maiden Name, Hendrick

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Siemore

9. Father's Occupation, Seaman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

— 2 —

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5. Find

Male

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Paul

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Paul

Marie, Pres.

L. Bond No. 838

L. Bond No. 838

**SECTION 1.** And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of such birth, and shall enter the same in a blank pre-arranged form, to be furnished by the Commissioner of Health, within the month, and shall set forth as follows the name and sex of the child, the date and place of its birth, and the name of the mother, and shall also enter a certificate between the first and the third day of each and every month to the office of the Commissioner of Health, to be signed by the midwife, or, in case the birth of any child should occur without the attendance of a physician, by the person to whom the birth of such child was reported, to report its birth to the Commissioner of Health, and to cause the same to be entered on the record, above required, and to the file of the Commissioner of Health, and the names and forfeitures of this section shall be subject to the fine of ten (10) dollars for each offense, and such person or persons who shall hereafter be convicted of such offense shall be liable to the same, and the names and forfeitures of this section shall be recoverable.

SEC. 10. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under and subject to the provisions of the Act in that behalf passed, shall be required to register of such birth, and shall enter the same on a blank schedule provided for that purpose by the Commissioner of Health. This schedule shall contain a list of the births registered by the midwife, and shall be filed in the office of the Commissioner of Health. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under and subject to the provisions of the Act in that behalf passed, shall be required to file a copy of the schedule so registered in the office of the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore.

# RETURN OF A BIRTH. A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 13th 1891

4. Place of Birth, (Street and Number) 225 Garrison Ave

5. Full Name of Mother, Babara Shinnick

6. Mother's Maiden Name, Shinnick

7. Mother's Birthplace, Boheiman

8. Full Name of Father, Jay Lada

9. Father's Occupation, Taylor

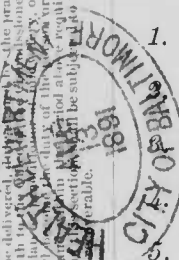
10. Father's Birthplace, Boheiman

Name of Medical Attendant, or other person who makes this Return, Henry Rappley

Address, 205 N Washington St

Remarks, \_\_\_\_\_

SECTION 7.—And be it further enacted, and certified that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, under his or her name during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, or should no other person be in attendance, to the Commissioner of Health, in the manner and to the effect hereinafter provided, and any such person who fails to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

Race or Color, (if not of the white race) *Colored*

Date of Birth, *July 28<sup>th</sup>*

Place of Birth, (Street and Number) *North ally 343*

2. Full Name of Mother, *Mary A. Ridout*

3. Mother's Maiden Name, *Mary Johns*

4. Mother's Birthplace, *Baltimore*

5. Full Name of Father, *Charles Ridout*

6. Father's Occupation, *Waiter*

7. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Charlotte Gouldberg*

Address, *No 1115 Division St*

Remarks,

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)..... Male  
2. Race or Color, (if not of the white race).....  
3. Date of Birth, 26<sup>th</sup> July 1891  
4. Place of Birth, (Street and Number) 1011 Water 86  
5. Full Name of Mother, Maggie Zelensky  
6. Mother's Maiden Name, Shupshite  
7. Mother's Birthplace, Russia  
8. Full Name of Father, Walter Zelensky  
9. Father's Occupation, Tailor  
10. Father's Birthplace, Russia  
Name of Medical Attendant, or other person who makes this Return, W. Schuman  
Address, 72 1<sup>st</sup> Avenue  
Remarks,

WM J C BULANY CO CITY PRINTERS AND STATIONERS



## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

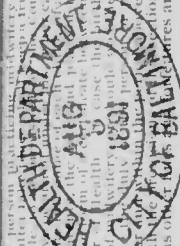
Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

#M. J. G. DULANY & CO. CITY PRINTERS AND STATIONERS

SECTION 7. And be it further enacted, that every person who shall deliver a child in the City of Baltimore, under whose charge or superintendence birth shall be recorded, shall, at the time of the birth of such child, and shall enter the same on a blank schedule of birth, and shall cause the same to be filled up, and shall cause the same to be signed by the physician or practitioner in attendance upon the mother immediately thereafter it shall become the duty of the person in attendance upon the mother to report its birth to the Commissioner of Health, in the manner and form required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as on and by the laws of this City of Baltimore are recoverable.



RETURN OF A BIRTH. 1891  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) \_\_\_\_\_

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, 29 July 1891

4. Place of Birth, (Street and Number) 1023 Peach-blossom

5. Full Name of Mother, Johanna Quaster

6. Mother's Maiden Name, " " " Lannetzyke

7. Mother's Birthplace, German

8. Full Name of Father, Heinrich Quaster

9. Father's Occupation, Locksmith

10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, Catharina M. M. M.

Address, 800 Seadenhall St

Remarks, \_\_\_\_\_

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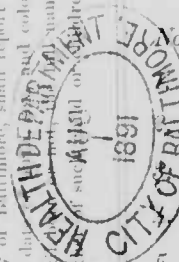
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *28 Jan. 1891*  
4. Place of Birth, (Street and Number) *Klinen St.*  
5. Full Name of Mother, *Agnes Henle*  
6. Mother's Maiden Name, *Ludwig*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Isaac Henle*  
9. Father's Occupation, *Wagon Maker*  
10. Father's Birthplace, *Baltimore*

or other person who makes this Return.

Medical Attendant, or other person who makes this Return,  
*Charoline Schway Part Ely No 434*

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date and hour of birth, the name of the child, the sex, race or color of the child or children born, its or their physical condition, whether full term, premature, or stillborn, the name, nativity, and residence of the parents, and the maiden name of the mother, if such child or children.



## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
Sex (state whether Male or Female) *Female*  
Race or Color (if not of the white race) *White*  
Date of Birth *July 27<sup>th</sup> 1891*  
Place of Birth (Street and Number) *232 S. Eden St*  
5. Full Name of Mother *Lizzie B. Nehren*  
6. Mother's Maiden Name *Boyle*  
7. Mother's Birthplace *Baltimore City*  
8. Full Name of Father *Frank Nehren*  
9. Father's Occupation *Engineer*  
10. Father's Birthplace *Baltimore City*  
Name of Medical Attendant, or other Person who makes this Return. *Thos. P. McCormick M.D.*  
Address *1421 Eutan Place*  
Remarks

Section 7. And be it further enacted, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such births, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. And the said schedule shall contain a list of the births which have occurred, under his or her care during the year, and shall be signed by the practitioner in the form of a certificate, and shall be submitted to the Commissioner of Health, on or before the first day of January next following the birth of any child shall occur without the attendance of a physician, and shall be subject to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recovered.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Colored*  
Date of Birth, *26<sup>th</sup> July 1891.*  
Place of Birth, (Street and Number) *2007 Bohemia Court*  
3. Full Name of Mother, *Lancy Moore*  
6. Mother's Maiden Name, *Lancy Lee*  
7. Mother's Birthplace, *St. Marys County Ind.*  
8. Full Name of Father, *Thomas Moore*  
9. Father's Occupation, *Stevender*  
10. Father's Birthplace, *Washington D. C.*  
Name of Medical Attendant, or other Person who makes this Return, *Mary Donerthy*  
Address, *2002 Bohemia Court*  
Remarks, *Not at timearrant 6 months.*

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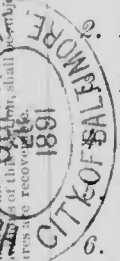
- July 25  
Cato #633 Chestnut Hill  
Miss Rosey of etc  
Miss Rosey of etc  
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Silverageh Hutton  
Labor M. d  
Printy Carol  
#62 Garabann St

Twenty Dollars

or other person who makes this Return.

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SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall be received by the Commissioner of Health, shall be required to file a return in the form of a certificate, containing the full name of each child (if any) shall have been conferred, its sex, color, the time, month, and day of its birth, the date and place of birth, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

Date of Birth, *July 25<sup>th</sup> 1890*

Place of Birth, (Street and Number) *1507 W. Henry St*

Full Name of Mother, *Mary Tomoe*

6. Mother's Maiden Name, *Mary Carroll*

7. Mother's Birthplace, *County Liffey Ireland*

8. Full Name of Father, *Michael Tomoe*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *County Roscommon Ireland*

Name of Medical Attendant, or other Person who makes this Return, *Mrs. Thorne*

Address, *1310 West Pratt St*

Remarks,



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) Caucasian  
3. Date of Birth, 14 July 1891  
4. Place of Birth, (Street and Number) 210 B. Howard St  
5. Full Name of Mother, Mary C. Paulson  
6. Mother's Maiden Name, Mary C. Skott  
7. Mother's Birthplace, St Albans, Co  
8. Full Name of Father, Henry Colison  
9. Father's Occupation, Irish mucker  
10. Father's Birthplace, St Mary, Co

Name of Medical Attendant, or other person who makes this Return. W. C. L. C. M. S.

Address, 225 Canal St. New York

Remarks, .....

SECTION 7.—And be it further enacted and ordained that every person in Baltimore under whose charge or supervision a birth shall hereafter take place shall be bound to file a return of such birth in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time and in the manner prescribed in this section. This schedule shall contain a list of the births which have occurred during the month and shall set forth as far as the same can be ascertained the full name of the child, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the physician or practitioner of medicine who attended upon the mother immediately thereafter it shall become the duty of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of not less than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 202586  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, July 24/91

4. Place of Birth, (Street and Number) 1808 Gough

5. Full Name of Mother, Mary E. Wilson

6. Mother's Maiden Name, " " LeCates

7. Mother's Birthplace, B. C.

8. Full Name of Father, John B. Wilson

9. Father's Occupation, Merchant

10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Dr. L. McNeil

Address, 246 S. Broadway

Remarks,

A02587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 1st 2

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

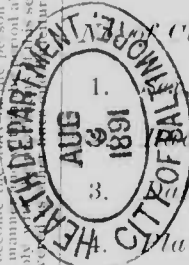
Name of Medical Attendant, or other person who makes this Return,

Address, 1427 E. Main St

Remarks,

[illegible]

And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of such births, and shall enter the same on a blank sheet of paper, which shall be furnished by the Health Department, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and form provided by law, and shall be subject to the penalty of ten dollars for each offense, to be recovered by the City of Baltimore.



# RETURN OF A BIRTH **102588** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Age of Birth, 23 July

5. Place of Birth, (Street and Number) William St. 1513

6. Full Name of Mother, Mary Baiashinski

7. Mother's Maiden Name, Mankaska

8. Mother's Birthplace, Poland

9. Full Name of Father, Lawrence Baiashinski

10. Father's Occupation, Laborer

11. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 806. Ann St.

Remarks, \_\_\_\_\_



Section 9.—And be it further enacted and ordained that every person who shall be charged with the duty of reporting to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable in Baltimore City.

RETURN OF A BIRTH L-2530  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21<sup>st</sup> July 1891

4. Place of Birth, (Street and Number) Kohre St. 60

5. Full Name of Mother, Sibilla Egner

6. Mother's Maiden Name, Ernst

7. Mother's Birthplace, Germania

8. Full Name of Father, Jakob Egner

9. Father's Occupation, Casemaker

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Buehler

Address, 335 S. Washington St.

Remarks, \_\_\_\_\_

102391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*8. *Full Name of Father.*9. *Father's Occupation,*10. *Father's Birthplace.*

Name of Medical Attendant, or other Person who makes this Return

Address.

Remarks.

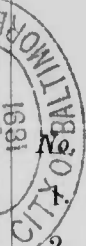
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correct Record of Vital Statistics in the City of Baltimore  
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date, hour, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother if first child of children.

RETURN OF A BIRTH		2592
To the Office of Registrar of Vital Statistics, Board of Health, BALTIMORE CITY.		
No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)	2	
Sex, (state whether male or female)	Male	
Race or Color, (if not of the white race)	White	
Date of Birth,	12 <sup>th</sup> of July	
Place of Birth, (Street and Number)	S. W. Corner of Chatham & Christian no. number	
5. Full Name of Mother,	Olivia Leubner	
6. Mother's Maiden Name,	Olivia Gauger	
7. Mother's Birthplace,	Germany	
8. Full Name of Father,	Herman Leubner	
9. Father's Occupation,	Baker	
10. Father's Birthplace,	Baltimore	
Name of Medical Attendant, or other Person who makes this Return	Friedrich Reuter midwife	
Address,	216 West Pratt St	
Remarks,		

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Board of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month, to the Board of Health, and the same shall be subject to the inspection and attendance upon the mother, immediately thereafter it shall become the duty of the practitioner of such child to report its birth to the Commissioner of Health, in the manner and form provided by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



# RETURN OF A BIRTH

102593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) Male William H
2. Race or Color, (if not of the white race)
3. Date of Birth, 10 of July 1891
4. Place of Birth, (Street and Number) 1144 Cooksie Street Lowest Point
5. Full Name of Mother, Amanda Kinsler
6. Mother's Maiden Name, Amanda Pears
7. Mother's Birthplace, Pearsville Lancaster County
8. Full Name of Father, Frank A Kinsler
9. Father's Occupation, Stevedore
10. Father's Birthplace, Utica NY County
- Name of Medical Attendant, or other person who makes this Return, Lina Lang
- Address, 1477 Garrett Av Lowest Point
- Remarks,

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LU2594

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) /

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *9 July 1891*  
4. Place of Birth, (Street and Number) *652 4<sup>th</sup> Avenue*  
5. Full Name of Mother, *Bessie Goldberg*  
6. Mother's Maiden Name, *Goldschmidt*  
7. Mother's Birthplace, *Russia*  
8. Full Name of Father, *Isaac G*  
9. Father's Occupation, *Cigar maker*  
10. Father's Birthplace, *Russia*  
Name of Medical Attendant, or other person who makes this Return, *E. Sherman*  
Address, *52 S. Duane St*  
Remarks, \_\_\_\_\_

WPA J. C. MULANY CO. CITY PRINTERS AND STATIONERS

## RETURN OF A BIRTH. L02595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, *July 8<sup>th</sup> / 91*  
4. Place of Birth, (Street and Number) *#18 N. Lehman St.*  
5. Full Name of Mother, *Lizzie Bushermühle*  
6. Mother's Maiden Name, *H. Butte*  
7. Mother's Birthplace, *Bessenbrück*  
8. Full Name of Father, *Henry Bushermühle*  
9. Father's Occupation, *Laborer*  
10. Father's Birthplace, *Bessenbrück.*  
Name of Medical Attendant, or other person who makes this Return, *Minnie Richter*  
Address, *#100 S. Monroe St.*  
Remarks, \_\_\_\_\_

RETURN OF A BIRTH LC2596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *July 2<sup>nd</sup> 1891*
4. Place of Birth, (Street and Number) *114 Lafayette St  
Christiana, Delaware*
5. Full Name of Mother, *Christiana Bege Low*
6. Mother's Maiden Name, *Hesselman*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *George Bege Low*
9. Father's Occupation, *Watchmaker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendent, *Dr. W. W. Hammett, Midway*  
or other person who makes this Return
- Address, *943 Penna Ave*
- Remarks,

#M. J. G. DILANY & CO. CITY PRINTERS AND STATIONERS

Section 7—And be it further enacted and ordained that every person practicing medicine or surgery in Baltimore under whose charge or superintendence a birth shall hereafter be registered, who shall neglect or refuse to comply with the provisions of this act, shall be deemed guilty of a misdemeanor, and shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered by the City of Baltimore.

**RETURN OF A BIRTH.** **LO2597**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 July

4. Place of Birth, (Street and Number) 1224 East St

5. Full Name of Mother, Mary Dulak

6. Mother's Maiden Name, Belk

7. Mother's Birthplace, Balt

8. Full Name of Father, John

9. Father's Occupation, carpenter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Mrs. E. Weiss

Address, 2224 Bonanza St

Remarks,

Section 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under the laws of the State of Maryland, shall be and is hereby required to file a true and correct return of such birth, and shall enter the same on a blank schedule, to be furnished by the Registrar of Health. This schedule shall contain a list of the births, which have occurred under his or her care during the last year, and shall be filed in the office of the Registrar of Health, on or before the first day of January next following the birth of each child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the last day of December, the midwife shall file the return in the office of the Registrar of Health, on or before the first day of January next following the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. DULANEY CO CITY PRINTERS AND STATIONERS

Lo2538

## RETURN OF A BIRTH. A.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1

1. Sex, (state whether male or female) B. L.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 hr. June 1891
4. Place of Birth, (Street and Number) Bopie St. No. 157
5. Full Name of Mother, Mary Lint
6. Mother's Maiden Name, Gays
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lint
9. Father's Occupation, Book Bkx
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Shway Tech Bldg No. 434

Remarks,



[illegible]

RETURN OF A BIRTH. ~~A~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1

1. Sex, (state whether male or female) *M. L.*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *20* *h.* *July* *1891*  
4. Place of Birth, (Street and Number) *Berlin St. No 159*  
5. Full Name of Mother, *Mary Mori Lin V*  
6. Mother's Maiden Name, *Goss*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *William Wilhelm Lin V*  
9. Father's Occupation, *Work Man*  
10. Father's Birthplace, *Baltimore*

*Name of Medical Attendant,* or other person who makes this Return,

Address, *Caroline Amey Sub. Ctg. No. 834*

Remarks.



102600

City. HEALTH DEPARTMENT  
JUL 21 1891  
BALTIMORE

- SECTION 7.**—And be it further enacted and ordained that every person practicing medicine or surgery in Baltimore under whose charge or superintendence a birth shall hereafter take place, shall accept a true and correct register of such birth, and shall enter the same on a blank certificate to be furnished by the County Board of Health, and shall send said certificate to the office of the Commissioner of Health, who shall cause the same to be filed in his office; and he shall also file with him a copy of the same, which shall be retained until the full year next ensuing after the date during the which conferred the sex, color, the full name and occupation of its parents, the date and place of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of January following the expiration of the year of the birth of the child. In case the birth of any child shall occur without the attendance of the physician, he should in addition to other persons be in attendance upon the mother immediately thereafter if he cannot do so himself, and he should report the birth of the child to the Commissioner of Health, in the manner and within the period before required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars or each offense, to be recovered as other fines and forfeitures shall be collected.

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore shall keep a true and correct register of each birth, and shall enter the same on a book or books provided for that purpose, and shall keep the same in his or her office, and shall be liable to the inspection of the Board of Health, and shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. L02601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *July 11th 1876*
  4. Place of Birth, (Street and Number) *No 1642 1/2 Park*
  5. Full Name of Mother, *Margaret Bourck*
  6. Mother's Maiden Name, *Bourck*
  7. Mother's Birthplace, *Bohemia*
  8. Full Name of Father, *Karl Busck*
  9. Father's Occupation, *Taylor*
  10. Father's Birthplace, *Bohemia*
- Name of Medical Attendant, or other person who makes this Return, *Mary P. P.*
- Address, *Washington St.*
- Remarks,

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the full name of each child of any shall have been born, the name and occupation of its parents, the date and place of birth, and the sex of the child, and shall forward the same to the Commissioner of Health, in the manner and within the period a law required, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L2632  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 10th 1874

4. Place of Birth, (Street and Number) Durham St No 1043

5. Full Name of Mother, Linn Thwamka

6. Mother's Maiden Name, Thwamka

7. Mother's Birthplace, Bohemia

8. Full Name of Father, George J. Luck

9. Father's Occupation, Butler

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kofler

Address, Washington St

Remarks,

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall occur, shall be bound to file with the Commissioner of Health, within the time specified in the blank schedule to be furnished by the Commissioner of Health, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child of birth, and the sex, color, race, and date of birth, and the name of the mother, and the name of the father, and the name of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending the child to report its birth to the Commissioner of Health, in the manner and in conformity with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 102603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, July 17th 1891

4. Place of Birth, (Street and Number) No 1633 Clarkson St

5. Full Name of Mother, Christina Speagle

6. Mother's Maiden Name, Christina Kratz

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Speagle

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St

Remarks,

102604

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1876

- Remarks.

6. 11. 1911

July 14-1891

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Baltimore

Frederick Lippert

12/1/17

Baltimore

Miss Anna Barker

199. East Street. Baltimore

11. 11. 21.



102605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *8 July 1886*  
4. Place of Birth, (Street and Number) *213 Bethel St. Balt.*  
5. Full Name of Mother, *Ethel Millson*  
6. Mother's Maiden Name, *Ethel Millson*  
7. Mother's Birthplace, *Baltimore, Md.*  
8. Full Name of Father, *George Dickson*  
9. Father's Occupation, *Lab.*  
10. Father's Birthplace, *Port George Town*  
Name of Medical Attendant, *or other person who makes this Return.* *George W. B. B. B.*  
Address, *22 Broad St.*  
Remarks,

Name of Medical Attendant, or other person who makes this Return, Dr. C. J. Allen (B. 100)

Address, 2202 Conall

Remarks, .....

Section 7.—And he it further enacted and ordained that every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall hereafter take place, shall be furnished by the Commissioner of Health with a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, month, and shall set forth as far as the same can be ascertained, the full name and occupation of the mother, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so furnished to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. L02606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 10 July Lorsonstr 1334 Corus Point

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Mari Helen

6. Mother's Maiden Name, " Glesbe

7. Mother's Birthplace, Ireland

8. Full Name of Father, Al. Lor. Glesbe

9. Father's Occupation, stevedor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. J. W. M. J. J.

Address, Beasonstr. 1421 Corus Point

Remarks,

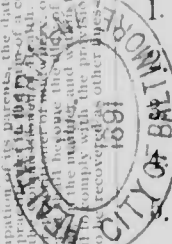
RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Remarks, Full Time

A circular ink stamp from the Health Department of the City of Baltimore. The outer ring of the stamp contains the text "HEALTH DEPARTMENT" at the top and "CITY OF BALTIMORE" at the bottom. In the center of the stamp, the date "JULY 13 1891" is stamped. The stamp is slightly tilted and shows some wear.

Section 7.—And be it further enacted and ordained that every person practicing medicine or surgery in the City of Baltimore shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his jurisdiction during the month, and shall set forth as far as possible the names of the parents, the date and place of birth, and the sex of the child. The schedule shall be delivered, duly signed by the physician or surgeon, to the office of the Commissioner of Health on or before the third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or surgeon, the mother or other person who has charge of the child shall report its birth to the office of the Commissioner of Health on or before the third day of each and every month. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.



RETURN OF A BIRTH. L52608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, July 8/91

Place of Birth, (Street and Number) 1426 East

Full Name of Mother, May Schmitt

6. Mother's Maiden Name, James

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Schmitt

9. Father's Occupation, Music Teacher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. W. H. Schmitt

Address, 1426 East

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. L02609

102609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.).

1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, August 14, 1903  
4. Place of Birth, (Street and Number) 1033 A Chapel St  
5. Full Name of Mother, Miss McRay  
6. Mother's Maiden Name, Lennie Battle  
7. Mother's Birthplace, Born in Baltimore Md  
8. Full Name of Father, Edney McRay  
9. Father's Occupation, he is a plumber  
10. Father's Birthplace, Born in Baltimore Md  
Name of Medical Attendant, or other person who makes this Return. Miss Anne Beach  
Address, 2864 E 14th Ave and Chesapeake St  
Remarks, McRay's

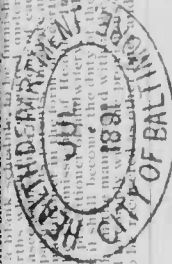
## LJ2610

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

- WM. J. G. DILLANY & CO. CITY PRINTERS AND STATIONERS

[illegible]

Section 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who shall hereafter be licensed to practice, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, to be provided for that purpose, and shall file the same with the Registrar of Births, and shall keep the same open for the inspection of the Registrar, and shall be liable to the penalty of ten dollars for each offense, to be recovered by the Registrar, and shall be liable to the penalty of ten dollars for each offense, to be recovered by the Registrar, and shall be liable to the penalty of ten dollars for each offense, to be recovered by the Registrar.



# RETURN OF A BIRTH. L2611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 July

4. Place of Birth, (Street and Number) Wood Street & Ross 221

5. Full Name of Mother, Mrs. Lucie

6. Mother's Maiden Name, Mrs. Bourne

7. Mother's Birthplace, Barclay's Russia

8. Full Name of Father, Mr. Lucie

9. Father's Occupation, Police

10. Father's Birthplace, Smolensk Russia

Name of Medical Attendant, or other person who makes this Return, E. Plummer

Address, 1177 E. Lombard St.

Remarks, \_\_\_\_\_



RETURN OF A BIRTH. L26.12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 5.

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 1. Nov. 1891

4. Place of Birth, (Street and Number) 205 / Bernal st.

5. Full Name of Mother, *Annell Parsons*

6. *Mother's Maiden Name,*

7. Mother's Birthplace, *Green, Ill. & Quincy*

8. Full Name of Father, *Lee Earl*

9. *Father's Occupation,* Labor.

10. Father's Birthplace, Northampton, Prince of Wales

Name of Medical Attendant, or other person who makes this Return. Hester Gardner

Address, 507 West 1st St

Remarks, *S. mutton*

WM. J. C. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

Section 7. And be it further enacted and ordained, That any person who shall fail to report the birth of any child within the time prescribed by law, shall be liable to a fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

2613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return.

Address,

Remarks,

Section 2. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct register of each birth, and shall enter the name of the mother, the name of the child, the sex, the date of birth, the month and shall so forth keep a true and correct register of each birth, and shall enter the name of the mother, the name of the child, the sex, the date of birth, the month and shall so forth

RETURN OF A BIRTH. 102614  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 25 - 1891

4. Place of Birth, (Street and Number) 115 W. Lombard

5. Full Name of Mother, Ella Brown

6. Mother's Maiden Name, H. 11

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W. E. Brown

Address, 115 W. Lombard

Remarks,

## RETURN OF A BIRTH. L2615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 2

1. Sex, (state whether male or female) girl

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*, 15 Feb, 1900

4. *Place of Birth, (Street and Number)* 905 Bond St.

5. Full Name of Mother, Wilhelmine ~~Hull~~ Winter

6. *Mother's Maiden Name,*.....

7. *Mother's Birthplace,* *Cal.*

8. Full Name of Father, J. Lee Wheeler

9. *Father's Occupation.*

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Anna Halber

Address, 918 N. Central Ave

Remarks.

# RETURN OF A BIRTH L52616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 8

2. *Sex, (state whether male or female)* Male

3. *Race or color, (if not of the white race)*

4. *Date of Birth,* July 1<sup>st</sup> 1891

5. *Place of Birth, (Street and Number)* 2937 Lancaster St

6. *Full Name of Mother,* Maggie J. Walker.

7. *Mother's Maiden Name,* Meek

8. *Mother's Birthplace,* A. A. County, Md.

9. *Full Name of Father,* James H. Walker.

10. *Father's Occupation,* Ship Smith

11. *Father's Birthplace,* Baltimore

*Name of Medical Attendant, or other person who makes this Return.* Hannah Meek.

*Address,* 2937 Lancaster St

*Remarks,*

The Registrar of Vital Statistics, Baltimore City, is authorized to receive and record all returns of births, marriages, and deaths, and to issue certificates of birth, marriage, and death, and to keep a record of the same. The Registrar is also authorized to receive and record all returns of the number of persons who have been vaccinated, and to issue certificates of vaccination. The Registrar is also authorized to receive and record all returns of the number of persons who have been vaccinated, and to issue certificates of vaccination.

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L-2617  
more CIV.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) A

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

Date of Birth,

Place of Birth, (Street and Number)

Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH Lv2618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 3/91

4. Place of Birth, (Street and Number) 2022 Divisano St

5. Full Name of Mother, Ida McLaurin

6. *Mother's Maiden Name,* Wick

7. Mother's Birthplace, Balto.

8. Full Name of Father, Eugene McElroy

9. *Father's Occupation,* Clerk

10. *Father's Birthplace.* Baltimore 1841 18

Name of Medical Attendant, or other person who makes this Return, J. A. Christian M. D.

Address, .....

Remarks, \_\_\_\_\_



U. 341

REGISTRATION OF BIRTHS  
CITY OF BALTIMORE  
HEALTH DEPARTMENT  
JULY 30 1891

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. Sex, (state whether male or female) Female

Race or color, (if not of the white race) White

Date of Birth, July 30 1891

Place of Birth, (Street and Number) 218 Albernardo St

5. Full Name of Mother, Maggie Lauer

6. Mother's Maiden Name, Sachs.

7. Mother's Birthplace, Pravaria

8. Full Name of Father, Mr Lauer

9. Father's Occupation, Clerk

10. Father's Birthplace, Williamsport Pa.

Name of Medical Attendant, or other person who makes this Return, Dr W. H. Weber M.D.

Address, 1721 Canton Ave

Remarks, \_\_\_\_\_

Lu2020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

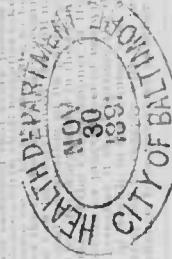
No. of Child of Mother, (state whether 1st, 2d, 3d, &c. 5th 1227.

1. Sex, (State whether male or female) *Male;*
2. Race or color, (if not of the white race) *White.*
3. Date of Birth, *July 7<sup>th</sup> 1891.*
4. Place of Birth, (Street and Number) *" 422, N. Patterson Park Ave.*
5. Full Name of Mother, *Helena Virginia Smith.*
6. Mother's Maiden Name, *M. V. Collins.*
7. Mother's Birthplace, *Virginia.*
8. Full Name of Father, *William J. Smith.*
9. Father's Occupation, *Engineer.*
10. Father's Birthplace, *D. C.*

Name of Medical Attendant, or other person who makes this Return. *A. John Davis*

Address, "2102. Williams St.

Remarks, *Sh. corp. shining.*



L32621

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

- Name of Medical Attendant,* or other person who makes this return.
- Address,* .....
- Remarks,* .....

RETURN OF A BIRTH 102622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return \_\_\_\_\_

Address,

Remarks,

SECTION 7. And be it further enacted, that the Commissioner of the Department of Health, who shall have the honor of the seal of the Department, shall cause to be printed and distributed to the several hospitals, and to the several physicians, and to the several midwives, and to the several nurses, and to the several persons who shall be employed in the Department, a list of the names of the several persons who shall be entitled to the honor of the seal of the Department, and shall cause to be printed and distributed to the several hospitals, and to the several physicians, and to the several midwives, and to the several nurses, and to the several persons who shall be employed in the Department, a list of the names of the several persons who shall be entitled to the honor of the seal of the Department.

RETURN OF A BIRTH.

L-02622 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name Added 11-28-60

Name: Sarah Imogene Oster

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 12<sup>th</sup> 1891

4. Place of Birth, (Street and Number) 2202 E. Balto St.

5. Full Name of Mother, Laura Krebs Oster

6. Mother's Maiden Name, " Balto "

7. Mother's Birthplace, Balto

8. Full Name of Father, John Walter Oster

9. Father's Occupation, Bank Teller

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, L. E. Keale M.D.

Address, 319 N. Monument St.

Remarks,

Specimen of a Birth Certificate. - And he is further enacted, and ordained, that every person who is required to file and certify a birth certificate, shall file and certify the same in the form and manner prescribed by the Commission of the City of Baltimore, and shall not file and certify the same in any other form or manner. And it is further enacted, and ordained, that every person who is required to file and certify a birth certificate, shall file and certify the same in the form and manner prescribed by the Commission of the City of Baltimore, and shall not file and certify the same in any other form or manner. And it is further enacted, and ordained, that every person who is required to file and certify a birth certificate, shall file and certify the same in the form and manner prescribed by the Commission of the City of Baltimore, and shall not file and certify the same in any other form or manner.

RETURN OF A BIRTH. **L02623**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Name added from Birth*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, July 13

4. Place of Birth, (Street and Number) 1927 Etting Street

5. Full Name of Mother, Elizbeth Nelson

6. Mother's Maiden Name, Gizzelbeth Harper

7. Mother's Birthplace, St Marys Co. Md

8. Full Name of Father, Joseph Nelson

9. Father's Occupation, Labring man

10. Father's Birthplace, St Marys Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Maria Jones

Address, 1337 Whateat St

Remarks, \_\_\_\_\_

Name added from  
Baptism certificate  
Document file 102623  
Director  
June 3, 1942

# RETURN OF A BIRTH. A 102624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, July 13th 91
4. Place of Birth, (Street and Number) 815 Columbia Av.
5. Full Name of Mother, Caroline Daudeneyre
6. Mother's Maiden Name, Caroline Ohle
7. Mother's Birthplace, Catonsville, Ind
8. Full Name of Father, Charles Daudeneyre
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore, Ind.
- Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle, M.D.
- Address, 1203 W. Fayette St.
- Remarks,

## RETURN OF A BIRTH L02625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race), White

3. Date of Birth, July 191

4. Place of Birth, (Street and Number) 3-28 Laurent St.

5. Full Name of Mother, Mary / Deems

6. Mother's Maiden Name, *Esbe*

7. Mother's Birthplace, ..... Balto.

8. Full Name of Father, George Derme

9. Father's Occupation, Machinist

10. *Father's Birthplace.* Baltimore

*Name of Medical Attendant,* or other person who makes this Return.

*Address*

Remarks



LU2526

[illegible]

5th

M. a. l.

White

~~July~~ July 30<sup>th</sup>

1891

r) Baltimore No 212 N. Chester St

Mrs Rosa Miller

Mrs Rosa Diamond

Baltimore

Mr. William Mills

Leamon at present

Dorchester County

Mrs. Jona. Krueger

No. 2026 E. Fayette St. B. Md.

Wm. J. O. BULANY CO CITY PRINTERS AND STATIONERS

And he or she further executed and certified that every person presenting a birth record to the Office of Health, under whose charge or supervision a birth record is filed, shall keep a true and correct copy of the same, and shall retain it until the birth record is filed in the Office of Health. This schedule shall contain a list of the names of all persons who have been conferred the right to practice medicine, and shall be kept in the Office of Health, and shall be subject to the inspection of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, or should no other person be in attendance upon the mother, immediately thereafter the father or the mother or any other person shall report its birth to the Commissioner of Health, and shall file a copy of the same in the Office of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered by the City of Baltimore.

# RETURN OF A BIRTH. <sup>4</sup>162627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) <sup>2</sup>

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 31 1891*

4. Place of Birth, (Street and Number) *115 W Lombard St*

5. Full Name of Mother, *Eva Abay*

6. Mother's Maiden Name, *" "*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, \_\_\_\_\_

9. Father's Occupation, \_\_\_\_\_

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, *W E Brown*

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH L02628 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, July 31 1891

4. Place of Birth, (Street and Number) 45 W Lombard St

5. Full Name of Mother, Annie Corolla Anderson

6. Mother's Maiden Name, Mary Lewis

7. Mother's Birthplace, Maryland

8. Full Name of Father, J. E. Brown

9. Father's Occupation, Carpenter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. E. Brown

Address, 45 W Lombard St

Remarks, None

RETURN OF A BIRTH. **A02629**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, \_\_\_\_\_

Remarks,

RETURN OF A BIRTH A 102630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>, 3<sup>d</sup> 4<sup>d</sup>

1. Sex, (state whether male or female) 2 females

2. Race or color, (if not of the white race) *white*

3. Date of Birth, 31 July 1891

4. Place of Birth, (Street and Number) 616 Tremont Street

5. Full Name of Mother, *Minna Weithman*

6. *Mother's Maiden Name,* *Minna Stark*

7. Mother's Birthplace, *Sachsen - Germany*

8. Full Name of Father, Peter Wirthmann

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baien. Germany.*

Name of Medical Attendant, or other person who makes this Return. *A. E. Reinhard*

Address, 220 W Madison Street

Remarks,

## RETURN OF A BIRTH L02631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

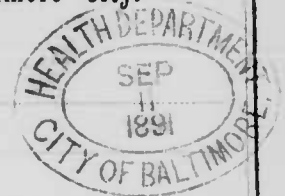
Remarks,

8th  
M.  
White  
July 16th 1891  
722 Anquith St.  
Elizabeth Gillen  
O'Dea  
Connecticut  
Andrew Gillen  
Excavator  
Balt.  
H. I. Remond  
2504 St. Paul St.

"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c ).

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1/20/1891
4. Place of Birth, (Street and Number) 222 1/2
5. Full Name of Mother, Johnnie Mae
6. Mother's Maiden Name, Johnnie
7. Mother's Birthplace, South Carolina
8. Full Name of Father, Johnnie
9. Father's Occupation, Farmer
10. Father's Birthplace, South Carolina

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, .....

[illegible]



# RETURN OF A BIRTH L02634 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

3. Date of Birth, 18 July 1891

4. Place of Birth, (Street and Number) 1147 E. Lombard St.

5. Full Name of Mother, Lizzie Tripple

6. Mother's Maiden Name, L. Wente

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Georg Tripple

9. Father's Occupation, Grocery Store

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. F. Reinhard

Address, 220 W. Madison Street

Remarks,

# RETURN OF A BIRTH

102635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or color, (if not of the white race) white

Date of Birth, 22 July 1891

Place of Birth, (Street and Number) Saratoga St 715

Full Name of Mother, Emma Rapman

Mother's Maiden Name, Emma Priestman

3. Mother's Birthplace, Baltimore

4. Full Name of Father, Wilhelm Rapman

5. Father's Occupation, Organ builder

6. Father's Birthplace, Weiburg, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. F. Meinhart

Address, 220 W. Madison Street.

Remarks,

## L02636

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) male child

2. Race or Color, (if not of the white race) White child

3. Date of Birth, July 22 nd 1891

4. Place of Birth, (Street and Number) Bartlett st n quaker lane

5. Full Name of Mother, Helena Ball

6. Mother's Maiden Name, Helena Bell Cropper

7. Mother's Birthplace, Middle town Baltimore County

8. Full Name of Father, Adrian Ball

9. Father's Occupation, Rail Road man

10. Father's Birthplace, Washington D C

Name of Medical Attendant, or other person who makes this Return, Mrs Margaret Winkler

Address, No 16 St anns ave Baltimore City

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH 102637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th Child*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *Caucasoid Child*
3. Date of Birth, *July 26 1891*
4. Place of Birth, (Street and Number) *Mr Kates Place on Anne Street*
5. Full Name of Mother, *Kate Cleaver*
6. Mother's Maiden Name, *Kate Flays*
7. Mother's Birthplace, *Bardonia Va*
8. Full Name of Father, *John Thomas Cleaver*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Riversville Md*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Margaret Thimble*
- Address, *No 16 St Anns Ave Balto City*
- Remarks, \_\_\_\_\_

Section 7. And be it further enacted and ordained that every person who shall keep a record of the births of children in the City of Baltimore, shall be subject to the provisions of this act, and shall be liable to the penalties thereof. And be it further enacted and ordained that every person who shall keep a record of the births of children in the City of Baltimore, shall be subject to the provisions of this act, and shall be liable to the penalties thereof.

# RETURN OF A BIRTH

L02638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 20/91

4. Place of Birth, (Street and Number) 589 Richland St.

5. Full Name of Mother, Ella Lingling

6. Mother's Maiden Name, Stand

7. Mother's Birthplace, Carroll Co. Md.

8. Full Name of Father, Wm Henry M. Lingling

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. 102639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

*Name of Medical Attendant,* or other person who makes this Return.

*Address.*

Remarks.

## RETURN OF A BIRTH, 102610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

any such person who neglects to report the birth of a child to the Registrar of Vital Statistics, or who fails to furnish the information required by the provisions of this section, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **A2641**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup> 11<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 21 1891

4. Place of Birth, (Street and Number) 115 W Lombard St

5. Full Name of Mother, Julia Frankenstein

6. Mother's Maiden Name, Maryland

7. Mother's Birthplace, Maryland

8. Full Name of Father, Barber

9. Father's Occupation, Barber

10. Father's Birthplace, Barber

Name of Medical Attendant, or other person who makes this Return, W. E. Looming

Address, 115 W Lombard St

Remarks, Twins - Still Born



any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. **L02642**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_
1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, *21 July*
4. Place of Birth, (Street and Number) *927 E. Lexington St.*
5. Full Name of Mother, *William B. Balle*
6. Mother's Maiden Name, *Thacker*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Equatius Balle*
9. Father's Occupation, *blacksmith*
10. Father's Birthplace, *Irish D.*
- Name of Medical Attendant, or other person who makes this Return. *Annie Walker*
- Address, *728 N. Cal. Ave.*
- Remarks, \_\_\_\_\_

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

# RETURN OF A BIRTH. L32048

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Birth

1. Sex (state whether Male or Female) female

2. Race or Color (if not of the white race) Colord

3. Date of Birth 21 July

4. Place of Birth (Street and Number) 801 Stirling St

5. Full Name of Mother Clara Brown

6. Mother's Maiden Name "

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Moses J Collins

9. Father's Occupation Labor

10. Father's Birthplace Worcester County Md

Name of Medical Attendant, or other Person who makes this Return. Annie Reister

Address 801 Stirling St

Remarks Well as can be expected

# RETURN OF A BIRTH 102644 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
  2. Race or Color, (if not of the white race) W. C.
  3. Date of Birth, May 21 1891
  4. Place of Birth, (Street and Number) 414 Harrison St.
  5. Full Name of Mother, Ann Kearney
  6. Mother's Maiden Name, Kearney
  7. Mother's Birthplace, Ireland
  8. Full Name of Father, James Kearney
  9. Father's Occupation, Teacher
  10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other person who makes this Return, Wm. H. Heston  
Address, 214 Harrison St.  
Remarks,

RETURN OF A BIRTH. AJ2645  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *girl*
2. Race or Color, (if not of the white race).....
3. Date of Birth, *22 Feb*
4. Place of Birth, (Street and Number) *1015 Caroline St*
5. Full Name of Mother, *Anna Thalheimer*
6. Mother's Maiden Name, *Walsh*
7. Mother's Birthplace, *Prussia*
8. Full Name of Father, *Alfred Thalheimer*
9. Father's Occupation, *Capl*
10. Father's Birthplace, *Berlin Prussia*
- Name of Medical Attendant, or other person who makes this Return, *Anna Walsh*
- Address, *928 Ford Cntrl Ave.*
- Remarks, */*

# RETURN OF A BIRTH L02646 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
 1. Sex, (state whether male or female)  
 2. Race or Color, (if not of the white race)  
 3. Date of Birth,  
 4. Place of Birth, (Street and Number)  
 5. Full Name of Mother,  
 6. Mother's Maiden Name,  
 7. Mother's Birthplace,  
 8. Full Name of Father,  
 9. Father's Occupation,  
 10. Father's Birthplace,  
 Name of Medical Attendant, or other person who makes this Return,  
 Address,  
 Remarks,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
 1. Sex, (state whether male or female) *Boy*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *July 12, 1891*  
 4. Place of Birth, (Street and Number) *211 E. Lombard St.*  
 5. Full Name of Mother, *Elizabeth Smith*  
 6. Mother's Maiden Name, *Johnson*  
 7. Mother's Birthplace, *Prussia*  
 8. Full Name of Father, *Thomas Johnson*  
 9. Father's Occupation, *Physician*  
 10. Father's Birthplace, *Prussia*  
 Name of Medical Attendant, or other person who makes this Return, *Henry Rogers*  
 Address, *205 Washington St.*  
 Remarks,

RETURN OF A BIRTH. L02647  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10<sup>th</sup>.

1. Sex, (state whether male or female) *White*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *July 23/11*

4. Place of Birth, (Street and Number) *N 329 S. Yelmer St.*

5. Full Name of Mother, *Frank S. Fairbank*

6. Mother's Maiden Name, *Crane*

7. Mother's Birthplace, *Richmond Va.*

8. Full Name of Father, *Frank Fairbank*

9. Father's Occupation, *Lawyer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *H. L. Thomas*

Address, *555 W. Lombard St.*

Remarks, *1*

LC2643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Good

Mac

While

July 24 1891

1815 Forman

Oliver M. Jackson.

Oron H. Arnold

Balt. Md

Geo. Clarkson

Chloride

Washington D.C.

Donna S. Hatfield

135/Chetani

*[Faint handwritten notes at the bottom of the page]*

Health. This schedule shall contain a list of the birth of every child born in the City of Baltimore, and the date and place of birth, and the sex, color, and race of the child, and the name and occupation of its parents, the date and place of birth of the mother, and the name and occupation of the father, and the name and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance upon the mother, to report its birth to the Commissioner of Health, and to file a copy of this schedule with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

A 102649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 July
4. Place of Birth, (Street and Number) 402 Pearl
5. Full Name of Mother, Alice Peake
6. Mother's Maiden Name, " Armiger
7. Mother's Birthplace, Ad loo
8. Full Name of Father, Ohay Peake
9. Father's Occupation, Carpeted
10. Father's Birthplace, Ad loo
- Name of Medical Attendent, or other person who makes this Return, Mrs W. W. W. W.
- Address, 423 Penna Ave
- Remarks, \_\_\_\_\_





"That any physician, accoucheur, midwife or other person in charge who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the Registrar at or within six days thereafter, stating distinctly the place of birth, sex and color of the child or children born, its or their physical condition, whether full term, or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

CITY OF BALTIMORE  
1891

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (state whether male or female)  
2. Race or Color, (if not of the white race)  
3. Date of Birth, ...  
4. Place of Birth, (Street and Number)  
5. Full Name of Mother, ...  
6. Mother's Maiden Name, ...  
7. Mother's Birthplace, ...  
8. Full Name of Father, ...  
9. Father's Occupation, ...  
10. Father's Birthplace, ...  
Name of Medical Attendant, or other Person who makes this Return  
Address, ...  
Remarks,

3<sup>d</sup>  
Male  
White  
July 27<sup>th</sup> 1891  
805 Disque St  
Jennie Prem  
Hanson  
Balt.  
Frank Prem  
Switchman, R.R.  
Balt.  
H. J. Remond's  
2004 St. Paul St

## RETURN OF A BIRTH. L02651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)...

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,* .....

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*.....

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

WILL J. C. DULANY CO CITY PRINTERS AND STATIONERS

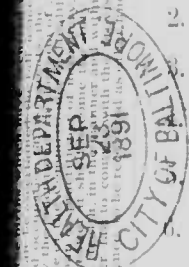
102652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 21 1891*
4. Place of Birth, (Street and Number) *214 St. Louis Ave*
5. Full Name of Mother, *Anna M. Smith*
6. Mother's Maiden Name, *Lee*
7. Mother's Birthplace, *St. Louis, Mo.*
8. Full Name of Father, *Charles F. Smith*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *St. Louis, Mo.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Smith*
- Address, *St. Louis, Mo.*
- Remarks, *None*

month, and shall be subject to the same penalties as are provided for in the act of the General Assembly of the State of Maryland, passed at the second session of the General Assembly, in the year of our Lord one thousand eight hundred and eighty-eight, and amended in the year of our Lord one thousand eight hundred and ninety-one, and in the year of our Lord one thousand eight hundred and ninety-three, and in the year of our Lord one thousand eight hundred and ninety-five, and in the year of our Lord one thousand eight hundred and ninety-seven, and in the year of our Lord one thousand eight hundred and ninety-nine, and in the year of our Lord one thousand nine hundred and one, and in the year of our Lord one thousand nine hundred and three, and in the year of our Lord one thousand nine hundred and five, and in the year of our Lord one thousand nine hundred and seven, and in the year of our Lord one thousand nine hundred and nine, and in the year of our Lord one thousand nine hundred and eleven, and in the year of our Lord one thousand nine hundred and thirteen, and in the year of our Lord one thousand nine hundred and fifteen, and in the year of our Lord one thousand nine hundred and seventeen, and in the year of our Lord one thousand nine hundred and nineteen, and in the year of our Lord one thousand nine hundred and twenty-one, and in the year of our Lord one thousand nine hundred and twenty-three, and in the year of our Lord one thousand nine hundred and twenty-five, and in the year of our Lord one thousand nine hundred and twenty-seven, and in the year of our Lord one thousand nine hundred and twenty-nine, and in the year of our Lord one thousand nine hundred and thirty-one, and in the year of our Lord one thousand nine hundred and thirty-three, and in the year of our Lord one thousand nine hundred and thirty-five, and in the year of our Lord one thousand nine hundred and thirty-seven, and in the year of our Lord one thousand nine hundred and thirty-nine, and in the year of our Lord one thousand nine hundred and forty-one, and in the year of our Lord one thousand nine hundred and forty-three, and in the year of our Lord one thousand nine hundred and forty-five, and in the year of our Lord one thousand nine hundred and forty-seven, and in the year of our Lord one thousand nine hundred and forty-nine, and in the year of our Lord one thousand nine hundred and fifty-one, and in the year of our Lord one thousand nine hundred and fifty-three, and in the year of our Lord one thousand nine hundred and fifty-five, and in the year of our Lord one thousand nine hundred and fifty-seven, and in the year of our Lord one thousand nine hundred and fifty-nine, and in the year of our Lord one thousand nine hundred and sixty-one, and in the year of our Lord one thousand nine hundred and sixty-three, and in the year of our Lord one thousand nine hundred and sixty-five, and in the year of our Lord one thousand nine hundred and sixty-seven, and in the year of our Lord one thousand nine hundred and sixty-nine, and in the year of our Lord one thousand nine hundred and seventy-one, and in the year of our Lord one thousand nine hundred and seventy-three, and in the year of our Lord one thousand nine hundred and seventy-five, and in the year of our Lord one thousand nine hundred and seventy-seven, and in the year of our Lord one thousand nine hundred and seventy-nine, and in the year of our Lord one thousand nine hundred and eighty-one, and in the year of our Lord one thousand nine hundred and eighty-three, and in the year of our Lord one thousand nine hundred and eighty-five, and in the year of our Lord one thousand nine hundred and eighty-seven, and in the year of our Lord one thousand nine hundred and eighty-nine, and in the year of our Lord one thousand nine hundred and ninety-one, and in the year of our Lord one thousand nine hundred and ninety-three, and in the year of our Lord one thousand nine hundred and ninety-five, and in the year of our Lord one thousand nine hundred and ninety-seven, and in the year of our Lord one thousand nine hundred and ninety-nine, and in the year of our Lord one thousand nine hundred and one thousand.



RETURN OF A BIRTH **A** 102053  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th  
1. Sex, (state whether male or female) female  
2. Race or color, (if not of the white race) white  
3. Date of Birth, 29 July 1891  
4. Place of Birth, (Street and Number) 227 Sharp St.  
5. Full Name of Mother, Clementine Kerkmeyer  
6. Mother's Maiden Name, Clementine Gepler  
7. Mother's Birthplace, Baden, Germany  
8. Full Name of Father, Peter Kerkmeyer  
9. Father's Occupation, Saloonkeeper  
10. Father's Birthplace, Alsace  
Name of Medical Attendant, or other person who makes this Return, Dr. F. Reinhard  
Address, 220 W. Madison Street  
Remarks,

rect Record of Vital Statistics in the City of Baltimore.  
That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

## RETURN OF A BIRTH.

1102054

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

July 29-1891-

4. Place of Birth (Street and Number)

1703 East Eager St Baltimore Md

5. Full Name of Mother

Annie Wilson

6. Mother's Maiden Name

Wilson

7. Mother's Birthplace

Fredrick Co Md

8. Full Name of Father

Father Name Not Known

9. Father's Occupation

Not Known

10. Father's Birthplace

Not Known

Name of Medical Attendant, or other Person who makes this Return

Latitia Sloane

Address

1703 East Eager St

Remarks

## 402655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth, (Street and Number*5. *Full Name of Mother*6. *Mother's Maiden Name.*7. *Mother's Birthplace.*8. *Full Name of Father*

### 9. *Father's Occupation*

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return

*Address,*

Remarks.

SEAL OF THE CITY OF BALTIMORE  
JULY 30 1891  
OFFICE OF THE REGISTRAR OF VITAL STATISTICS  
BALTIMORE, MARYLAND

# RETURN OF A BIRTH. A102656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, July 30 1891

4. Place of Birth, (Street and Number) 115 W Lombard

5. Full Name of Mother, Mary Thomas

6. Mother's Maiden Name, Mary Lewis

7. Mother's Birthplace, \_\_\_\_\_

8. Full Name of Father, \_\_\_\_\_

9. Father's Occupation, \_\_\_\_\_

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, J. E. Lewis

Address, 115 W Lombard

Remarks, \_\_\_\_\_

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore.

RETURN OF A BIRTH AL32057  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

Date of Birth, July 1, 1891

Place of Birth, (Street and Number) 1400 N. Gay St.

Full Name of Mother, Mary Jane Davis

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, Greenwood

8. Full Name of Father, James Davis

9. Father's Occupation, Teamster

10. Father's Birthplace, Greenwood

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Jones

Address, 1400 N. Gay St.

Remarks, \_\_\_\_\_



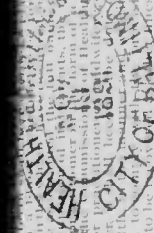
# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (State whether male or female) *Female*  
2. Race or color, (if not of the white race) *White*  
3. Date of Birth, *July 20, 1891*  
4. Place of Birth, (Street and Number) *Madison Avenue Road,*  
5. Full Name of Mother, *Maggie Yoe*  
6. Mother's Maiden Name, *Maggie (Kavanaugh)*  
7. Mother's Birthplace, *Virginia*  
8. Full Name of Father, *Henry Adolph Yoe*  
9. Father's Occupation, *Saloons Keeper*  
10. Father's Birthplace, *Baltimore Md.*  
Name of Medical Attendant, or other person who makes this Return, *B. McClure M.D.*  
Address, *137 Goodrich Ave. East,*  
Remarks, .....

Each mother, under whose care a child is born, shall, within a period of ten days after the birth of such child, deliver to the Registrar of Vital Statistics, a true and correct copy of the birth record, as shown on the birth certificate, and shall set forth the name of the child, the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the occupation of the father, the name of the medical attendant, and the name of the person who makes this return. This certificate shall be delivered, duly signed by the mother, to the Registrar of Vital Statistics, on or before the third day of each and every month, to the office of the Registrar of Vital Statistics, in the City of Baltimore, Maryland, and shall be retained in the files of the Registrar of Vital Statistics, for the purpose of being made available to the public, and for the purpose of being used in the preparation of the annual report of the Registrar of Vital Statistics, and for the purpose of being used in the preparation of the annual report of the Board of Health, and for the purpose of being used in the preparation of the annual report of the City of Baltimore, Maryland.



# RETURN OF A BIRTH 102659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>rd</sup>*

1. Sex, (state whether male or female) *male*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *24 August*
  4. Place of Birth, (Street and Number) *2811 Lancaster St.*
  5. Full Name of Mother, *George Calman*
  6. Mother's Maiden Name, *= Free*
  7. Mother's Birthplace, *Balto*
  8. Full Name of Father, *Thomas Calman*
  9. Father's Occupation, *Labeler*
  10. Father's Birthplace, *Balto*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. E. Weiss*
- Address, *2524 Lancaster St.*
- Remarks,

Health. This schedule shall be delivered, duly signed by the physician or practitioner of health, to the Commissioner of Health, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

2-02659 1/2  
2-02659 1/2  
**RETURN OF A BIRTH.**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

M

2. Race or Color, (if not of the white race)

3. Date of Birth,

Aug 24, 91

4. Place of Birth, (Street and Number)

728 Halphian St

5. Full Name of Mother,

Ira M. Saunders

6. Mother's Maiden Name,

Ira M. Cofford

7. Mother's Birthplace,

Ind

8. Full Name of Father,

A. G. Saunders

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Ind

Name of Medical Attendant, or other person who makes this Return,

A. M. Hendley

Address,

1009 Edmondson Ave

Remarks,

## RETURN OF A BIRTH.

432660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex, (state whether male or female). *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 24 - 1891

4. *Place of Birth, (Street and Number)* 1135 W. Franklin St.

5. Full Name of Mother, *Maui Hammer*

6. Mother's Maiden Name, *Whiting*

7. Mother's Birthplace, *Balti*

8. Full Name of Father, *George Hammer*

9. Father's Occupation, *Painter*

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

John Neff  
201 W. Convent Ave

## RETURN OF A BIRTH. L32564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race

3. Date of Birth, ~~1941~~ Aug. 28, 1941

4. Place of Birth, (Street and Number) 1044 Penna Ave

5. Full Name of Mother, *Elizabeth Ann*

6. *Mother's Maiden Name,* 1900

7. Mother's Birthplace, *Butte Co. Cal.*

8. Full Name of Father, William M. M. M. M.

9. *Father's Occupation.* *Farmer*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, *E. H. Smith, Jr.*

Address, Charles Crampton

Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

102662

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1<sup>st</sup>

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug. 27<sup>th</sup> 1891

4. Place of Birth, (Street and Number)

711 E. 11<sup>th</sup> St.

5. Full Name of Mother,

Annie Beller

6. Mother's Maiden Name,

Dess

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

John E. Beller

9. Father's Occupation,

Salesman

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

H. T. Reynolds M.D.

Address,

2004 St. Paul St.

Remarks,

# RETURN OF A BIRTH L02663 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *female*

2. Race or color, (if not of the white race)

3. Date of Birth, *Sept 9 Aug 22<sup>nd</sup> 1891*

4. Place of Birth, (Street and Number) *2830 Dillion St*

5. Full Name of Mother, *Savana, M. Pace*

6. Mother's Maiden Name, *Horn*

7. Mother's Birthplace, *Silver run, Md.*

8. Full Name of Father, *John, H. Pace*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *York, C. Pa.*

Name of Medical Attendant, or other person who makes this Return, *Hansrah Meek*

Address, *2952 Lancaster St Canton*

Remarks,

This certificate shall be filed by the Registrar of Vital Statistics, Baltimore City, in the office of the Registrar of Vital Statistics, Baltimore City, and shall be kept in the office of the Registrar of Vital Statistics, Baltimore City, for a period of ten years, and shall be subject to the inspection of the Board of Health, Baltimore City, at any time.

L02664



22

Female

3. *Date of Birth,*

ms. 24 + 1891.

number) 123 E. Madison St.

Man. G. Simon.

" " Farming

2. Ball.

William E. Fenn

Painted -  
12 110

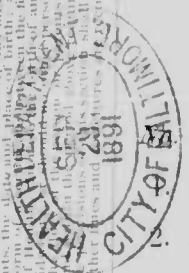
Edmund H. Knapp

27 Pennick St.

WM J C DULANY & CO, CITY PRINTERS AND STATIONERS



Every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be subject to the same regulations as to the registration of births and deaths as are prescribed for the registrars of births and deaths. Any person who shall be found guilty of neglecting to register the birth of any child, or of registering the birth of any child in violation of the provisions of this section, shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.



L02865

# RETURN OF A BIRTH <sup>A</sup>

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, *Aug. 22/91*

4. Place of Birth, (Street and Number) *St. N. Egle st*

5. Full Name of Mother, *Annie M. Wagner*

6. Mother's Maiden Name, *King*

7. Mother's Birthplace, *Balt*

8. Full Name of Father, *Emile Wagner*

9. Father's Occupation, *Cattle*

10. Father's Birthplace, *Balt*

Name of Medical Attendant, or other person who makes this Return, *Edmund M. Brown*

Address, *207 Avenue M*

Remarks, \_\_\_\_\_

Register of Births, Deaths and Marriages, Baltimore City, 1891. The following is a list of the births which have occurred under the provisions of the Act of the General Assembly, passed March 27, 1890, and amended March 27, 1891, and March 27, 1892, relating to the registration of births, deaths and marriages in Baltimore City. The names of the parents of each child, the date, time, place and sex of the child, and the name of the physician or other person who attended the birth, shall be entered in the register. The names of the parents of each child, the date, time, place and sex of the child, and the name of the physician or other person who attended the birth, shall be entered in the register. The names of the parents of each child, the date, time, place and sex of the child, and the name of the physician or other person who attended the birth, shall be entered in the register.

102456

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) white

Date of Birth, Aug 29 - 91

Place of Birth, (Street and Number) 221 N Carrollton ave

Full Name of Mother, MRS ELLA MASH

6. Mother's Maiden Name, Hardisty

7. Mother's Birthplace, Balto

8. Full Name of Father, John L Mash

9. Father's Occupation, Salesman

10. Father's Birthplace, A A Co Mo

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W Fagth

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. L0286?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.  
 1. Sex, (state whether male or female) Male.  
 2. Race or Color, (if not of the white race) White.  
 3. Date of Birth, Aug. 29th. 1891  
 4. Place of Birth, (Street and Number) 1206 Chew St.  
 5. Full Name of Mother, Mollie Hooper  
 6. Mother's Maiden Name, Mollie Daugherty  
 7. Mother's Birthplace, Baltimore, Md.  
 8. Full Name of Father, Frank Hooper,  
 9. Father's Occupation, Western Maryland R. R. Employee  
 10. Father's Birthplace, Westminster Carroll Co. Md.  
 Name of Medical Attendant, or other person who makes this Return, Wilmer Britton, M.D.  
 Address, Culbert + Preston Sts.  
 Remarks,

102668

[illegible]

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) Female

3. Date of Birth, January 20, 1891

4. Place of Birth, (Street and Number) 3003 Leach St

5. Full Name of Mother, Mary Peace

6. *Mother's Maiden Name,*

7. Mother's Birthplace, *Oppland, Norway*

8. Full Name of Father, Carl L. Charles, Sr.

9. Father's Occupation, Ex-Captain

10. *Father's Birthplace,* ..... *Portland, Maine*

Name of Medical Attendant, or other person who makes this Return. *J. J. Lee*

Address, Charles Steuber Esq

Remarks, \_\_\_\_\_

L62669

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 3

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Aug. the 22 1891

4. Place of Birth, (Street and Number) Saint Peter's Grave Yard

5. Full Name of Mother, M. B. McElrath

6. Mother's Maiden Name, " " Riorplan

7. Mother's Birthplace, Montrossburg, W. V.

8. Full Name of Father, John M. Lath

9. Father's Occupation, Printer of Graveyard

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, M. S. Ledy

Address, 1004 West Lexington St.

Remarks, .....

RETURN OF A BIRTH. L02670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female)

Females

2. Race or Color, (if not of the white race)

love

3. *Date of Birth,*

Ans 31/9/

4. *Place of Birth, (Street and Number)*

For Bruce Pl

5. *Full Name of Mother,*

Lillie Baker

6. *Mother's Maiden Name,*

Like Smith

7. *Mother's Birthplace,*

and

8. *Full Name of Father,*

Ans. Baker

9. *Father's Occupation.*

Had Carrow

10. *Father's Birthplace,*

me

Name of Medical Attendant, or other person who makes this Return.

June Woodland

Address,

Remarks,

Register of Births, Deaths, and Marriages, Baltimore City, 1871. The following is a list of the births, deaths, and marriages which have occurred in Baltimore City during the year 1871. The names of the persons are given in full, and the date and place of birth, death, or marriage are also given. The names of the persons are given in full, and the date and place of birth, death, or marriage are also given. The names of the persons are given in full, and the date and place of birth, death, or marriage are also given.

RETURN OF A BIRTH. L02671  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 31, 1871

4. Place of Birth, (Street and Number) W. D. M. B. No. 112

5. Full Name of Mother, Mrs. Mary Cousin

6. Mother's Maiden Name, Mrs. Mary Daveny

7. Mother's Birthplace, England

8. Full Name of Father, John Cousin

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Josephine Krueger

Address, No 2026 E. Fayette St. B. Md.

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH

102670

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, 21 May

4. Place of Birth, (Street and Number) 211 N. Howard St 2134

5. Full Name of Mother, Sarah B. B. B.

6. Mother's Maiden Name, Sarah B. B.

7. Mother's Birthplace, Balt.

8. Full Name of Father, John B. B.

9. Father's Occupation, laborer

10. Father's Birthplace, Rich. Va.

Name of Medical Attendant, or other Person who makes this Return, Sarah A. Jones

Address, 211 N. Howard St

Remarks, The child is healthy & robust



Register of each birth, and shall enter the name, sex, date and place of birth, and the name and occupation of the parents, the date and place of birth of the mother, and the name and occupation of the father, and shall set forth as far as the same can be ascertained the full name of each child, at any birth, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to immediately report the birth of such child to the office of the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. L02873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *August 31st. 1891*
4. Place of Birth, (Street and Number) *837 Airquith St.*
5. Full Name of Mother, *Mollie B. Stripes*
6. Mother's Maiden Name, *Mollie B. Phillips*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *John J. Stripes*
9. Father's Occupation, *N.C.R.R. Employee*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Wilmer Brinton, M.D.*
- Address, *Calvert 94 Preston St*
- Remarks,

And be it further enacted, that the said birth certificate shall be a full and complete record of the birth of every child born in the City of Baltimore, and shall be kept on file in the office of the Registrar of Vital Statistics, and shall be subject to the inspection of any person who may desire to see the same, and shall be a full and complete record of the birth of every child born in the City of Baltimore, and shall be kept on file in the office of the Registrar of Vital Statistics, and shall be subject to the inspection of any person who may desire to see the same.

# RETURN OF A BIRTH

102874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 8th

4. Place of Birth, (Street and Number) Baltimore No 407 Spring St

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Mary Crakley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Miller

9. Father's Occupation, laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Miller

Address, 135 W 2nd St Baltimore

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH L02075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *white*
  3. Date of Birth, *Aug. 9. 1891.*
  4. Place of Birth, (Street and Number) *1437 Patterson Ave*
  5. Full Name of Mother, *Mrs Marie Thomé*
  6. Mother's Maiden Name, *Miss Mary Sander*
  7. Mother's Birthplace, *Hanover, Germany*
  8. Full Name of Father, *Robt Michael Thomé*
  9. Father's Occupation, *Baker*
  10. Father's Birthplace, *Prer Reihuppalz Russia*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Wm. H. Chappell*
- Address, *1351 N. Belmont St*
- Remarks,

Section shall be recoverable, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH L02676  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 19/91

4. Place of Birth, (Street and Number) 1344 Carey St.

5. Full Name of Mother, Maggie May

6. Mother's Maiden Name, Prescott

7. Mother's Birthplace, New Jersey

8. Full Name of Father, Saml. May

9. Father's Occupation, Upholsterer

10. Father's Birthplace, Balto

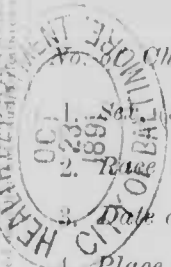
Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address,

Remarks,

# RETURN OF A BIRTH 102677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.



1. Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
2. Sex, (state whether male or female) female
3. Race or color, (if not of the white race)
4. Date of Birth, Aug 10<sup>th</sup> 1891
5. Place of Birth, (Street and Number) 1025 Chesapeake St
6. Full Name of Mother, Mollie Weaver
7. Mother's Maiden Name, Marshall
8. Mother's Birthplace, Balti. Mo.
9. Full Name of Father, Frank Weaver
10. Father's Occupation, laborer
11. Father's Birthplace, Balti. Mo.
12. Name of Medical Attendant, or other person who makes this Return, Harriett Muck
13. Address, 2937 Lancaster St Canton
14. Remarks,

more City.

more City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. *Date of Birth,* Aug 12/91

4. Place of Birth, (Street and Number) 205-3 Division St.

5. Full Name of Mother, J. E. Wetnam

6. Mother's Maiden Name, Eunice K

7. Mother's Birthplace, Cambridge, Md.

8. Full Name of Father, Joseph F. Mettaw

9. *Father's Occupation,* *Production CDR W*

10. Father's Birthplace, Lakesville, Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Christman M.D.

*Address,*

Remarks, \_\_\_\_\_

any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore, and forfeitures are recoverable.

RETURN OF A BIRTH A02379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, August 14, 1891

4. Place of Birth, (Street and Number) 1018 E. Fayette St.

5. Full Name of Mother, Emilie Schell

6. Mother's Maiden Name, Permer

7. Mother's Birthplace, Balt.

8. Full Name of Father, Artian Schell

9. Father's Occupation, Salaman

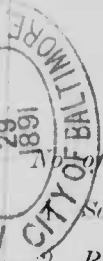
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Edmund [unclear]

Address, 217 [unclear]

Remarks, \_\_\_\_\_

any person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten dollars for each offense, to be recovered as other penalties are recoverable.



# RETURN OF A BIRTH

102680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

2. Sex, (state whether male or female) *Male*

3. Race or Color, (if not of the white race)

4. Date of Birth, *Aug. 5th 1891*

5. Place of Birth, (Street and Number) *120 Jackson Street*

6. Full Name of Mother, *Letta Roman*

7. Mother's Maiden Name, *" "*

8. Mother's Birthplace, *Balto.*

9. Full Name of Father, *Harry Roman*

10. Father's Occupation, *Merchant.*

11. Father's Birthplace, *Phila. Pa*

Name of Medical Attendant, or other person who makes this Return, *Edmund J. Davis*

Address, *217 W. 1st St.*

Remarks,



That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 192681

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether Male or Female) *Female*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *August 16, 1891*

4. Place of Birth (Street and Number) *937 N. Mount St.*

5. Full Name of Mother *Mary F. Chalk*

6. Mother's Maiden Name *Mary F. Ebaugh*

7. Mother's Birthplace *Hampstead, Carroll Co., Md.*

8. Full Name of Father *C. Frank Chalk*

9. Father's Occupation *Druggist*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return. *C. H. Holbrook, M.D.*

Address *714 N. Carey St.*

Remarks

*This case was inadvertently overlooked.*

# RETURN OF A BIRTH 102382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Aug 16<sup>th</sup> 1891

4. Place of Birth, (Street and Number) 630 Soled. St.

5. Full Name of Mother, Mary Hickman

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John T. Hickman

9. Father's Occupation, Plasterer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. H. Carter

Address, 1800 N. Balt. St.

Remarks, \_\_\_\_\_

RETURN OF A BIRTH L02383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Sherwood Hodson Smith  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Aug 17/91  
4. Place of Birth, (Street and Number) 2041 Pennsylvania Ave  
5. Full Name of Mother, Julia E. Smith  
6. Mother's Maiden Name, Le Carter  
7. Mother's Birthplace, Princess Ann Ind.  
8. Full Name of Father, Levin B. Smith  
9. Father's Occupation, Salesman  
10. Father's Birthplace, Princess Ann, Ind.

Name of Medical Attendant, or other person who makes this Return, L. E. Christian M.D.

Address,

Remarks.

WM. J. O. DULANY &amp; CO., CITY PRINTERS AND STATIONERS.

CORRECTED BY Baptismal Record  
SEE DOCUMENT FILE NO. 1-02683  
DATE 3-2-42 M. A. Kohlen CLERK P. A. Gladys Harbach

CLERK B.

[illegible]

RETURN OF A BIRTH 102684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) \_\_\_\_\_  
2. Race or Color, (if not of the white race) \_\_\_\_\_  
3. Date of Birth, \_\_\_\_\_  
4. Place of Birth, (Street and Number) \_\_\_\_\_  
5. Full Name of Mother, \_\_\_\_\_  
6. Mother's Maiden Name, \_\_\_\_\_  
7. Mother's Birthplace, \_\_\_\_\_  
8. Full Name of Father, \_\_\_\_\_  
9. Father's Occupation, \_\_\_\_\_  
10. Father's Birthplace, \_\_\_\_\_  
Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_  
Address, \_\_\_\_\_  
Remarks, \_\_\_\_\_

# RETURN OF A BIRTH L02085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 18, 1841

4. Place of Birth, (Street and Number) 2223 Guilford Ave

5. Full Name of Mother, Lucina Maria Sullivan

6. Mother's Maiden Name, Orin

7. Mother's Birthplace, Manland, Carrow Co.

8. Full Name of Father, Patrick Sullivan

9. Father's Occupation, Chm

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. J. H. Haff, M.D.

Address, Charles & Center St

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH A 102686

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Aug. 21<sup>st</sup> 1891

4. Place of Birth, (Street and Number) 56 E. 7<sup>th</sup> St.

5. Full Name of Mother, Mary Green Arnold

6. Mother's Maiden Name, Green

7. Mother's Birthplace, Balt

8. Full Name of Father, John Arnold

9. Father's Occupation, Grocer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other Person who makes this Return N. T. Remondet M.D.

Address, 2004 St. Paul St.

Remarks,

RETURN OF A BIRTH. 102587  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) white  
Date of Birth, Aug 2 3<sup>rd</sup> '91  
Place of Birth, (Street and Number) 711 Penna Ave Balto  
Full Name of Mother, Mrs Lizzie Lucke  
3. Mother's Maiden Name, Joe  
4. Mother's Birthplace, Balto  
5. Full Name of Father, Frank J Lucke  
6. Father's Occupation, Lithographer  
7. Father's Birthplace, Balto  
Name of Medical Attendant, or other person who makes this Return, T C Westhuyter  
Address, 841 W Fayette St  
Remarks,

This schedule shall contain a list of the births which have occurred in the city of Baltimore during the month of August, 1891, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of September, 1891. In case the birth of any child shall occur upon the mother immediately thereafter, the mother shall be required to report the birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the first day of September, 1891. Any person or persons who shall hereafter fail to comply with the provisions of this schedule shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

L02638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore



No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 5th

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race) White

3. Date of Birth, August 24th

4. Place of Birth, (Street and Number) 413 E. Lombard

5. Full Name of Mother, Annie Cohen

6. Mother's Maiden Name, Solomon

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Cohen

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. H. H. H. H.

Address, 1721 Canton St

Remarks,





152090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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GIVEN NAME ADDED 5-29-50

## RETURN OF A BIRTH.

102691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vernon L. Garrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *30 September 1897*
4. Place of Birth, (Street and Number) *1810 Columbia Ave. Baltimore*
5. Full Name of Mother, *The City of Baltimore*
6. Mother's Maiden Name, *Johnston*
7. Mother's Birthplace, *Baltimore, Maryland*
8. Full Name of Father, *John Johnston*
9. Father's Occupation, *Stone Builder*
10. Father's Birthplace, *Frederick County, Maryland*
- Name of Medical Attendant, or other person who makes this Return. *Dr. J. H. Bell*
- Address, *1810 Columbia Ave. Baltimore, Md.*
- Remarks,

WM J.C. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

Health. These schedules shall contain a list of all births which have occurred within the city or town during the month, and shall set forth as far as possible the same facts as are required by the law of the State of Maryland, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the day of the month, the practitioner shall be required to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

102092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd and third*  
1. Sex, (state whether male or female) *Two boys,*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Sept. 1st 1891*  
4. Place of Birth, (Street and Number) *1321 Howard and*  
5. Full Name of Mother, *Bessie Tyler Miles,*  
6. Mother's Maiden Name, *Bessie Tyler,*  
7. Mother's Birthplace, *Virginia*  
8. Full Name of Father, *William Miles,*  
9. Father's Occupation, *Baltimore & Potomac R.R. Employed*  
10. Father's Birthplace, *Pennsylvania*  
Name of Medical Attendant, or other person who makes this Return, *Wm. B. Smith, M.D.*  
Address, *Leahurst and Preston Sts.*  
Remarks,

# RETURN OF A BIRTH L02693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Child 1*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *Color*

3. Date of Birth, *September the first* 1891

4. Place of Birth, (Street and Number) *1614 Buth St*

5. Full Name of Mother, *Junie Buth*

6. Mother's Maiden Name, *Jane Mathue*

7. Mother's Birthplace, *Baltimore, md*

8. Full Name of Father, *William Buth*

9. Father's Occupation, *hacker*

10. Father's Birthplace, *Baltimore md*

Name of Medical Attendant, or other person who makes this Return,

Address, *Martha halley 2203 Division St*

Remarks,

Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 102094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st,  
1. Sex, (state whether male or female) Boy  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, September 5th 1891  
4. Place of Birth, (Street and Number) 1315 Homewood Ave.  
5. Full Name of Mother, Mary Johnson.  
6. Mother's Maiden Name, Mary Keogh.  
7. Mother's Birthplace, Ireland  
8. Full Name of Father, Wm. Johnson  
9. Father's Occupation, Moulder  
10. Father's Birthplace, Baltimore, Md.  
Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.  
Address, Calvert and Preston Sts.  
Remarks,

## RETURN OF A BIRTH.

109695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 1st

1. Sex, (state whether male or female) Male

52. Race or Color, (if not of the white race).....

3. *Date of Birth,* Sept 21 - 1897

4. *Place of Birth, (Street and Number)* U.S. N. Lombard St.

5. Full Name of Mother, Albe Isaac

6. *Mother's Maiden Name*,.....

7. Mother's Birthplace, Pennsylvania

8. *Full Name of Father*, .....

9. *Father's Occupation*, .....

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_





# 102397 RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City



No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2nd*

1. Sex, (state whether male or female) *Female*
2. Race or color, (if not of the white race) *White*
3. Date of Birth, *Sept 7/97*
4. Place of Birth, (Street and Number) *121 S. Spring.*
5. Full Name of Mother, *Minnie Lesser*
6. Mother's Maiden Name, *Minnie Lesser*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Azrael Lesser*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return. *Dr. J. H. M. Dr.*

Address, *121 S. Spring St.*

Remarks,

# RETURN OF A BIRTH. **102638** To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

7  
male

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Sept 7 '91

1150 N Stricker

Mrs Katie E Winchester

" " white

Guerra Ann S Co and

Peter Winchester

Traveling Salesman

Guerra Ann S Co and

J C Werthington

840 W Fayette St

weight 14 lbs

1891  
CITY OF BALTIMORE  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (State whether male or female)  
2. Race or color, (if not of the white race)  
3. Date of Birth,  
4. Place of Birth, (Street and Number)  
5. Full Name of Mother,  
6. Mother's Maiden Name,  
7. Mother's Birthplace,  
8. Full Name of Father,  
9. Father's Occupation,  
10. Father's Birthplace,  
Name of Medical Attendant, or other person who makes this Return.  
Address,  
Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

L52699

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)  
1. Sex, (State whether male or female)  
2. Race or color, (if not of the white race)  
3. Date of Birth, Sept 8 1891  
4. Place of Birth, (Street and Number) 1112 Mc Kulloch St  
5. Full Name of Mother, Ella Cowman  
6. Mother's Maiden Name, Cowman  
7. Mother's Birthplace, Anne Arundel Co Md  
8. Full Name of Father, Chas Cowman  
9. Father's Occupation, Comm. Merchant  
10. Father's Birthplace, Anne Arundel Co Md  
Name of Medical Attendant, or other person who makes this Return. Elias Price M.D.  
Address, 953 Henderson St  
Remarks,

Over

London

4th.

1327

White.

September 9th. 1891

935 Somerset St.

Lizzie Plann.

Lizzie Trapp.

Elizabeth, H. J.

# Gear Plum

Salesman

Rahway, N. J.

Werner Brinton M.D.

Solvent and Pressure etc.

es, Full name of child Oscar Plum

[illegible]

CORRECTED BY School Record  
SEE DOCUMENT FILE NO. 22701  
DATE 11/1/01 11/1/01  
CLERK

Health. This schedule shall contain a list of the births which have occurred during the full time of each child of any child born in Baltimore City, and every month in the office of the Commissioner of Health. In case the birth of any child shall occur within the period of the year, the birth shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 1902-01

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male
  2. Race or Color, (if not of the white race) white
  3. Date of Birth, 7 of September
  4. Place of Birth, (Street and Number) 9 14 Parrish alley
  5. Full Name of Mother, Mary E Dange
  6. Mother's Maiden Name, Mary Barnes
  7. Mother's Birthplace, San Francisco
  8. Full Name of Father, Richard Dange
  9. Father's Occupation, fire stable
  10. Father's Birthplace, anne runder Co md
- Name of Medical Attendant, or other person who makes this Return, Mary E Dange  
Address, 1121 Saratoga St Balt  
Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City



No. of Child of Mother, (state whether 1st, 2d, 3d, &c)

1. Sex, (state whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Correct Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH. 202703 1902-33

To the Office of Registrar of Vital Statistics, Board of Health.  
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *2nd - 1st*
1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth... *September 12 - 1891*
4. Place of Birth (Street and Number) *East 1703 East Eager St*
5. Full Name of Mother *Laura Johnson*
6. Mother's Maiden Name *Laura Patterson*
7. Mother's Birthplace *Baltimore Md.*
8. Full Name of Father *George H Johnson*
9. Father's Occupation *Electricity*
10. Father's Birthplace *Baltimore Md.*
- Name of Medical Attendant, or other Person who makes this Return... *Latitia Sloaney*
- Address *1703 East Eager St*
- Remarks

# RETURN OF A BIRTH. 102704 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, September 12th 1871,
  4. Place of Birth, (Street and Number) Chapel St No 950
  5. Full Name of Mother, Katherine A Curwald
  6. Mother's Maiden Name, Curwald
  7. Mother's Birthplace, Bohemia
  8. Full Name of Father, Josef Novak
  9. Father's Occupation, Unemployed
  10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other person who makes this Return, Mary Kopitz  
Address, 205 No Washington  
Remarks, \_\_\_\_\_



# RETURN OF A BIRTH 102705 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 12th 1891.

4. Place of Birth, (Street and Number) 2018 Orleans St

5. Full Name of Mother, Barbara Ann

6. Mother's Maiden Name, Nor

7. Mother's Birthplace, Glaucus

8. Full Name of Father, Charles Nor

9. Father's Occupation, Taylor

10. Father's Birthplace, Glaucus

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, 205 N. Washington St.

Remarks, \_\_\_\_\_

Log 706  
ore City

Log 706  
ore City

122

Female

White

Sept 13/91

52/Laurent P<sup>e</sup>

Mannie H. Harvey

Brown

Wm. Arundel Co. Md

Thos. B. Harvey

Salesman

Balto

J. H. Christian M.D.

77 *Handwritten signature*

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

RETURN OF A BIRTH. 162708  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 75

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Sept 13-91*  
4. Place of Birth, (Street and Number) *115 W Lombard St*  
5. Full Name of Mother, *Annie Leitzky*  
6. Mother's Maiden Name, *Do*  
7. Mother's Birthplace, *Russia*  
8. Full Name of Father, \_\_\_\_\_  
9. Father's Occupation, \_\_\_\_\_  
10. Father's Birthplace, \_\_\_\_\_  
Name of Medical Attendant, or other person who makes this Return, *Charles Green*  
Address, *115 W Lombard*  
Remarks, \_\_\_\_\_

*Name of Medical Attendant,* or other person who makes this Return.

Address

Remarks.

Register of such birth, and shall contain a list of the birth, with the name, sex, color, date and place of birth, and shall be delivered, duly signed by the physician or practitioner of midwifery, or by the mother, immediately after the birth, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH

102769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Sept. 14 1891
4. Place of Birth, (Street and Number) 1752 Park Ave
5. Full Name of Mother, Margt. S. Mudge
6. Mother's Maiden Name, Margt. Saxon
7. Mother's Birthplace, Balt.
8. Full Name of Father, Frank Mudge
9. Father's Occupation, Merchant
10. Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, J. E. Chataud
- Address, 516 Park
- Remarks,

I. *A. 102710*

re City, 20

4

- Male  
Black  
Oct. 14. 91.  
115-4-2 Lumb  
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Charles Brent  
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W. Lambert et.

## 102711

City.

Gift

Girl

White

September 15, the 1896

180 W. Chopin (St.)

Emma, Galb

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Gearner

Jahr Nitt

Carpenter

1. *Chrysomelidae* (100)

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205 So Washington St

# RETURN OF A BIRTH. 102712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth *Sept 15 - 91*

4. Place of Birth, (Street and Number) *408 Roberts St*

5. Full Name of Mother, *Georgiana Fullerton*

6. Mother's Maiden Name, *Edging*

7. Mother's Birthplace, *Cit -*

8. Full Name of Father, *J. C. Fullerton*

9. Father's Occupation, *Salesman*

10. Father's Birthplace, *Cit -*

Name of Medical Attendant, or other Person who makes this Return. *Dr. J. D. Miller - MD*

Address, *812 Madison Ave*

Remarks,



# RETURN OF A BIRTH. 102713 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

Date of Birth, Sept 13 '91

Place of Birth, (Street and Number) 1829 Driscoll ave

Full Name of Mother, Mrs. Emma Patena

3. Mother's Maiden Name, " Fitch

4. Mother's Birthplace, Balto

5. Full Name of Father, Frank Patena

6. Father's Occupation, Engineer

7. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, F. C. Worthington

Address, 840 W Fayette St

Remarks,

Birth certificate shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days of the birth of the child, and shall be retained in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for a period of ten years after the date of the birth of the child. Any person who fails to file a birth certificate as required by this section shall be liable to a fine of ten dollars for each offense, and the costs of this section shall be recoverable from the person so liable.

RETURN OF A BIRTH 102714  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

Date of Birth, *September 16<sup>th</sup> 1891*

Place of Birth, (Street and Number) *60 McElmyr and Washington St.*

Full Name of Mother, *Emma Virginia Jefferson*

6. Mother's Maiden Name, *E. V. Bancroft*

7. Mother's Birthplace, *Baltimore City, Maryland*

8. Full Name of Father, *William Oscar Jefferson*

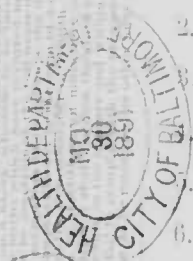
9. Father's Occupation, *Baker*

10. Father's Birthplace, *B. T. Michoud, Maryland*

Name of Medical Attendant, or other person who makes this Return, *J. John Davis*

Address, *# 2103 Orleans St.*

Remarks, *Harper Library*



## 109-15

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

- Name of Medical Attendant, or other person who makes this Return, Therese Worthington  
Address, 840 W. Fayette St.  
Remarks, \_\_\_\_\_

any such person or persons who shall be liable to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

102746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4<sup>th</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, Sept 17 1891

4. Place of Birth, (Street and Number) Monument & Central Ave

5. Full Name of Mother, Sarah S. Graham

6. Mother's Maiden Name, Sarah Sutherland

7. Mother's Birthplace, Virginia

8. Full Name of Father, John A. Graham

9. Father's Occupation, Plumber

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, F. E. Chaturd

Address, 516 Park Ave

Remarks,

Section 7. And be it further enacted, that every person who shall be guilty of any offense herein provided for, shall be liable to the payment of a fine not exceeding ten dollars for each offense, to be recovered as other fines are recoverable.

## RETURN OF A BIRTH. 102717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *September 17th, 1891*
4. Place of Birth, (Street and Number) *1520 Barclay St.*
5. Full Name of Mother, *Anna Aut.*
6. Mother's Maiden Name, *Anna Craig.*
7. Mother's Birthplace, *York Co. Pa.*
8. Full Name of Father, *George Aut.*
9. Father's Occupation, *Brakeman on the N. C. R. R.*
10. Father's Birthplace, *Carroll Co. Md.*
- Name of Medical Attendant, or other person who makes this Return. *Wilmer Brimton, M.D.*
- Address, *Calvert and Preston Sts.*
- Remarks,

# RETURN OF A BIRTH **AL02718**

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first  
Female  
Colored

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

17<sup>th</sup> day of Sept  
1323 Broad Street

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Hannah L. Chaney

6. Mother's Maiden Name,

Hannah L. Thornton

7. Mother's Birthplace,

Jefferson Co. W. Va.

8. Full Name of Father,

Wm. J. F. Chaney

9. Father's Occupation,

Carriage Washer

10. Father's Birthplace,

Baltimore Co.

Name of Medical Attendant, or other person who makes this Return.

Address, Martha Kelley 2203 Division St

Remarks,

Not to be filled out by the Registrar, but by the Medical Attendant, or other person who makes this Return. The Registrar shall not be liable for any error or omission in the foregoing information, but shall be liable for any error or omission in the following information: (1) The sex, color, and date of birth of the child, as entered on the birth record, shall be correct. (2) The name of the child, as entered on the birth record, shall be correct. (3) The name of the mother, as entered on the birth record, shall be correct. (4) The name of the father, as entered on the birth record, shall be correct. (5) The date of birth, as entered on the birth record, shall be correct. (6) The place of birth, as entered on the birth record, shall be correct. (7) The name of the medical attendant, as entered on the birth record, shall be correct. (8) The address, as entered on the birth record, shall be correct. (9) The remarks, as entered on the birth record, shall be correct. (10) The name of the mother, as entered on the birth record, shall be correct. (11) The name of the father, as entered on the birth record, shall be correct. (12) The date of birth, as entered on the birth record, shall be correct. (13) The place of birth, as entered on the birth record, shall be correct. (14) The name of the medical attendant, as entered on the birth record, shall be correct. (15) The address, as entered on the birth record, shall be correct. (16) The remarks, as entered on the birth record, shall be correct. (17) The name of the mother, as entered on the birth record, shall be correct. (18) The name of the father, as entered on the birth record, shall be correct. (19) The date of birth, as entered on the birth record, shall be correct. (20) The place of birth, as entered on the birth record, shall be correct. (21) The name of the medical attendant, as entered on the birth record, shall be correct. (22) The address, as entered on the birth record, shall be correct. (23) The remarks, as entered on the birth record, shall be correct. (24) The name of the mother, as entered on the birth record, shall be correct. (25) The name of the father, as entered on the birth record, shall be correct. (26) The date of birth, as entered on the birth record, shall be correct. (27) The place of birth, as entered on the birth record, shall be correct. (28) The name of the medical attendant, as entered on the birth record, shall be correct. (29) The address, as entered on the birth record, shall be correct. (30) The remarks, as entered on the birth record, shall be correct. (31) The name of the mother, as entered on the birth record, shall be correct. (32) The name of the father, as entered on the birth record, shall be correct. (33) The date of birth, as entered on the birth record, shall be correct. (34) The place of birth, as entered on the birth record, shall be correct. (35) The name of the medical attendant, as entered on the birth record, shall be correct. (36) The address, as entered on the birth record, shall be correct. (37) The remarks, as entered on the birth record, shall be correct. (38) The name of the mother, as entered on the birth record, shall be correct. (39) The name of the father, as entered on the birth record, shall be correct. (40) The date of birth, as entered on the birth record, shall be correct. (41) The place of birth, as entered on the birth record, shall be correct. (42) The name of the medical attendant, as entered on the birth record, shall be correct. (43) The address, as entered on the birth record, shall be correct. (44) The remarks, as entered on the birth record, shall be correct. (45) The name of the mother, as entered on the birth record, shall be correct. (46) The name of the father, as entered on the birth record, shall be correct. (47) The date of birth, as entered on the birth record, shall be correct. (48) The place of birth, as entered on the birth record, shall be correct. (49) The name of the medical attendant, as entered on the birth record, shall be correct. (50) The address, as entered on the birth record, shall be correct. (51) The remarks, as entered on the birth record, shall be correct. (52) The name of the mother, as entered on the birth record, shall be correct. (53) The name of the father, as entered on the birth record, shall be correct. (54) The date of birth, as entered on the birth record, shall be correct. (55) The place of birth, as entered on the birth record, shall be correct. (56) The name of the medical attendant, as entered on the birth record, shall be correct. (57) The address, as entered on the birth record, shall be correct. (58) The remarks, as entered on the birth record, shall be correct. (59) The name of the mother, as entered on the birth record, shall be correct. (60) The name of the father, as entered on the birth record, shall be correct. (61) The date of birth, as entered on the birth record, shall be correct. (62) The place of birth, as entered on the birth record, shall be correct. (63) The name of the medical attendant, as entered on the birth record, shall be correct. (64) The address, as entered on the birth record, shall be correct. (65) The remarks, as entered on the birth record, shall be correct. (66) The name of the mother, as entered on the birth record, shall be correct. (67) The name of the father, as entered on the birth record, shall be correct. (68) The date of birth, as entered on the birth record, shall be correct. (69) The place of birth, as entered on the birth record, shall be correct. (70) The name of the medical attendant, as entered on the birth record, shall be correct. (71) The address, as entered on the birth record, shall be correct. (72) The remarks, as entered on the birth record, shall be correct. (73) The name of the mother, as entered on the birth record, shall be correct. (74) The name of the father, as entered on the birth record, shall be correct. (75) The date of birth, as entered on the birth record, shall be correct. (76) The place of birth, as entered on the birth record, shall be correct. (77) The name of the medical attendant, as entered on the birth record, shall be correct. (78) The address, as entered on the birth record, shall be correct. (79) The remarks, as entered on the birth record, shall be correct. (80) The name of the mother, as entered on the birth record, shall be correct. (81) The name of the father, as entered on the birth record, shall be correct. (82) The date of birth, as entered on the birth record, shall be correct. (83) The place of birth, as entered on the birth record, shall be correct. (84) The name of the medical attendant, as entered on the birth record, shall be correct. (85) The address, as entered on the birth record, shall be correct. (86) The remarks, as entered on the birth record, shall be correct. (87) The name of the mother, as entered on the birth record, shall be correct. (88) The name of the father, as entered on the birth record, shall be correct. (89) The date of birth, as entered on the birth record, shall be correct. (90) The place of birth, as entered on the birth record, shall be correct. (91) The name of the medical attendant, as entered on the birth record, shall be correct. (92) The address, as entered on the birth record, shall be correct. (93) The remarks, as entered on the birth record, shall be correct. (94) The name of the mother, as entered on the birth record, shall be correct. (95) The name of the father, as entered on the birth record, shall be correct. (96) The date of birth, as entered on the birth record, shall be correct. (97) The place of birth, as entered on the birth record, shall be correct. (98) The name of the medical attendant, as entered on the birth record, shall be correct. (99) The address, as entered on the birth record, shall be correct. (100) The remarks, as entered on the birth record, shall be correct.

RETURN OF A BIRTH. 102719  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 19 1891

4. Place of Birth, (Street and Number) 1334 Sumner St

5. Full Name of Mother, Annie Smith

6. Mother's Maiden Name, Annie Smith

7. Mother's Birthplace, Balt

8. Full Name of Father, John H. Smith

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Edna Miller

Address, 412 W. St

Remarks,

## RETURN OF A BIRTH. 102719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *Sep 29 1891*  
4. Place of Birth, (Street and Number) *1334 Riverside St*  
5. Full Name of Mother, *Marie Anne*  
6. Mother's Maiden Name, *Marie Smith*  
7. Mother's Birthplace, *Balt.*  
8. Full Name of Father, *John J. Kasper*  
9. Father's Occupation, *Bookbinder*  
10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other person who makes this Return, John S. Miller

Address,..... 412 New St

Remarks,



## RETURN OF A BIRTH. L02720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Sept 20. 91  
4. Place of Birth, (Street and Number) 15-2nd Lombard St.  
5. Full Name of Mother, Emma Smith  
6. Mother's Maiden Name, " "  
7. Mother's Birthplace, Selawarre  
8. Full Name of Father, —  
9. Father's Occupation, —  
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return,

Address, \_\_\_\_\_

Remarks,

102721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *W.*  
3. Date of Birth, *Sept 20. 91*  
4. Place of Birth, (Street and Number) *525 Lombard St.*  
5. Full Name of Mother, *Laura Paulsell*  
6. Mother's Maiden Name, *" "*  
7. Mother's Birthplace, *Maryland*  
8. Full Name of Father, *" "*  
9. Father's Occupation, *" "*  
10. Father's Birthplace, *" "*  
Name of Medical Attendant, or other person who makes this Return, *Charles Greene*  
Address, *525 Lombard*  
Remarks, *" "*

[illegible]

## LOG-22

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1

- 1921

Name of Medical Attendant, or other person who makes this Return.

Address, 205 4<sup>th</sup> Washington St.

Remarks.

# RETURN OF A BIRTH AL02723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Sept 20th

4. Place of Birth, (Street and Number)

1005 Druid Hill, av

5. Full Name of Mother,

Florence E. Griffin

6. Mother's Maiden Name,

Florence E. Williams

7. Mother's Birthplace,

Carroll Co. Md.

8. Full Name of Father,

William H. Griffin

9. Father's Occupation,

Drayman

10. Father's Birthplace,

Essex Co. Va.

Name of Medical Attendant, or other person who makes this Return.

Address, *Charles Haysman*

Remarks, *2203 Division St*

## 106-24

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) / 7

1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) W  
3. Date of Birth, Sept. 29 91.  
4. Place of Birth, (Street and Number) 115 W Leonard St.  
5. Full Name of Mother, Marg Taylor  
6. Mother's Maiden Name, Md  
7. Mother's Birthplace, Md  
8. Full Name of Father, \_\_\_\_\_  
9. Father's Occupation, \_\_\_\_\_  
10. Father's Birthplace, \_\_\_\_\_

*Name of Medical Attendant,* or other person who makes this Return,

Address, ..... 115 W. Lombard St.

Remarks, \_\_\_\_\_

LOC 25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)..... Black

3. *Date of Birth*,... Sept. 22 9

4. *Place of Birth, (Street and Number)* 115 W Lombard St

5. Full Name of Mother, Lucile Smith

6. *Mother's Maiden Name,* .....

7. *Mother's Birthplace,* M<sup>d</sup>

8. *Full Name of Father.* .....

9. *Father's Occupation,* \_\_\_\_\_

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return, Charles Green

Address,..... 115 W. Lombard St.

Remarks, .....

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth*,...

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this report.

*Address,*

Remarks,

WPA J C GULANY CO CITY PRINTERS AND STATIONERS



## RETURN OF A BIRTH 1927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. Sex, (state whether male or female) Male

2. Race or color, (if not of the white race)

3. Date of Birth, Sept 23<sup>d</sup> 1841

4. Place of Birth, (Street and Number) 2812 E. 11th St

5. Full Name of Mother, Annie C. C. C.

3. *Mother's Maiden Name.* *Clisshaw*

7. *Mother's Birthplace,* Ashtabula, Ohio

8. Full Name of Father, James T. Casey

9. Father's Occupation, Police

10. *Father's Birthplace:* *Dalli M.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Hannah. Stebbins*

Address, 2937 Lancaster St. Canton.

Remarks,

RETURN OF A BIRTH. 1927-28

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4th.

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 23rd. 1891

4. Place of Birth, (Street and Number) 219 E. Lombard St.

5. Full Name of Mother, Isabella H. Collins.

6. *Mother's Maiden Name,* Gabriela Hiltz

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Chas. A. Collins

9. Father's Occupation. Baltimore City Councils Employee (Treasurer of 1st Branch)  
10. Father's Birthplace. Baltimore, Md.

10. Father's Birthplace, ..... Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, *Wilmer Brinton, M.D.*

Address, Calvert and Preston sts

Remarks, .....

SECTION 2. And be it further enacted and declared that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall hereafter take place, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained the name of each child, if any shall have been conferred its sex, color the full name and occupation of its father, the date and place of birth, and the name of the midwife, and shall sign and file the same in the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as by law and penalties are recoverable.

# RETURN OF A BIRTH

102729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (~~State whether male or female~~)
  2. Race or color, (~~if not of the white race~~)
  3. Date of Birth, Sept 23d 1891
  4. Place of Birth, (Street and Number) 1718 Duval St. N.E.
  5. Full Name of Mother, Leavina C. Scott
  6. Mother's Maiden Name, Matthews
  7. Mother's Birthplace, Martinsburg, West Va.
  8. Full Name of Father, David C. Scott
  9. Father's Occupation, Book Keeper
  10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Elias C. Price
- Address, 953 Madison St.
- Remarks,

## RETURN OF A BIRTH. L00730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5<sup>th</sup> —

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) white

3. Date of Birth, 23. September 1891

4. Place of Birth, (Street and Number) 239 N. Gelmer St

5. Full Name of Mother, Margaret Robert

6. *Mother's Maiden Name,* Casey

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, John Robert

9. *Father's Occupation, Comptroller of Revenue*

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, *G Lane Tanner*

Address, 1103 Madison Ave

Remarks,.....

RETURN OF A BIRTH 192731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Race or color, (if not of the white race)

3. *Date of Birth.*

Place of Birth, (Street and Number)

5. ~~Full~~ Name of Mother,

(G) Mother's Maiden Name.

7. *Moller's Birthplace,*

5. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, # 1721 Canton Av

Remarks,

## 100-32

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

- WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible]

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

105733



No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Sept 24/91

4. Place of Birth, (Street and Number) 1629 Thames St

5. Full Name of Mother, Alwine Zehntner

6. Mother's Maiden Name, Steinbach

7. Mother's Birthplace, Saxony

8. Full Name of Father, Frantz Zehntner

9. Father's Occupation, Copier Smith

10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Fred W. Weber M.D.

Address, 1721 Canton av.

Remarks,

# RETURN OF A BIRTH

152734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number) 1128 1/2 G. Haller St.

5. Full Name of Mother, *Sophia Robinson*

6. *Mother's Maiden Name,* Sophia Barnes

7. Mother's Birthplace, St. Marys, County Maryland

8. Full Name of Father, John Robinson

9. *Father's Occupation,* Driver

10. Father's Birthplace, St. James County

Name of Medical Attendant, or other person who makes this Return. Amie Fresh

Address, 715 N. Durham St

Remarks, Praxial Injunctive  
John Robinson

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS



L02735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 7th

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number) S.W. Cor. 5<sup>th</sup> & Leavenworth Sts.

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks

[illegible]

Section 3. And be it further enacted, that any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 102736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 24<sup>th</sup>
4. Place of Birth, (Street and Number) 735 N. Pratt Street
5. Full Name of Mother, Annie Catharine Raushmaier
6. Mother's Maiden Name, Annie Catharine Pegel
7. Mother's Birthplace, Geroldsgreen, Germany
8. Full Name of Father, William Raushmaier
9. Father's Occupation, Painter
10. Father's Birthplace, Meenchen, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. [unclear]

Address, 235 N. Pratt Street

Remarks,

# RETURN OF A BIRTH. 102737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Catherine Brady

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup>

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) wht

3. Date of Birth, 24 September 1891

4. Place of Birth, (Street and Number) 918 E. Preston St

5. Full Name of Mother, Elizabeth C Brady

6. Mother's Maiden Name, " " Franke

7. Mother's Birthplace, Md

8. Full Name of Father, Frank P Brady

9. Father's Occupation, Builder and Contractor

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. Lane Danyell

Address, 1103 Madison Ave

Remarks,

CORRECTED BY Baptismal certificate  
SEE DOCUMENT FILE No. 02737  
DATE 2-23-43 P. Jones  
CLERK

And, be it further enacted, that every person practicing midwifery in the City of Baltimore under whose charge or supervision a child is born, shall, within the first month after the birth, and shall enter the same on a blank form provided for that purpose by the Commissioner of Health. This form shall contain a list of the births which have occurred during the month, and shall set forth, as far as known, the name of the mother, the date and place of birth, the sex, color, the full name of the father, the date and place of birth, and the date of delivery. It shall be delivered, duly signed by the practitioner of midwifery, or the person in attendance upon the mother, to the office of the Commissioner of Health, within the third day of the next month to the month in which the birth occurred. Any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1943-38  
RETURN OF A BIRTH.  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 27, 91

4. Place of Birth, (Street and Number) 115 W Lombard

5. Full Name of Mother, Kate Mitchell

6. Mother's Maiden Name, "

7. Mother's Birthplace, Virginia

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address, 115 W Lombard

Remarks, "

Section 7. And be it further enacted, that every person attending a birth in the city of Baltimore, who is not a physician or practitioner of midwifery, or who is not a duly licensed nurse, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

102739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first 1st*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *September 1 1891*  
4. Place of Birth, (Street and Number) *570 Saint Mary Street*  
5. Full Name of Mother, *Francis Geller*  
6. Mother's Maiden Name, *Francis King*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *Wm. Geller*  
9. Father's Occupation, *Shoe maker*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other person who makes this Return, *Dr. Hana Wessinghl*  
Address, *548 Mc Eicken St*  
Remarks,

LD 50

LD 50

4th

Male

White

27 September 1891

28' to Allernarke St

Belia Wierchenker

Alfred Scherz

Russia

Boris Wienckenber

Organ - maker

Russini

C. Sherman

42 S Albermarle St

[illegible]

192741

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4<sup>th</sup>

2. Sex, (state whether male or female)

Female

3. Race or color, (if not of the white race)

White

4. Date of Birth,

Sept 27

5. Place of Birth, (Street and Number)

870 Park Av

6. Full Name of Mother,

Gerdie Bernstein

7. Mother's Maiden Name,

Rosenstein

8. Mother's Birthplace,

Germany

9. Full Name of Father,

Bernstein

10. Father's Occupation,

Shoemaker

11. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Y. W. H. M.D.

Address,

121 Canton Av.

Remarks,

SECTION 5. Any person who shall fail to file a return in accordance with the provisions of this section, or who shall file a return containing any false or incorrect statement, or who shall file a return which shall be found to be incomplete, or who shall file a return which shall be found to be defective in any particular, or who shall file a return which shall be found to be otherwise in violation of the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and penalties are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *Fifth*

1. Sex. (state whether male or female) *Male*

2. Race or Color. (if not of the white race) *White*

3. Date of Birth. *Sept 29 1897*

4. Place of Birth. (Street and Number) *614 Baker St.*

5. Full Name of Mother. *Willa Blum*

6. Mother's Maiden Name. *Willa Rinko*

7. Mother's Birthplace. *Lebanon, Penna.*

8. Full Name of Father. *Samuel H. Blum*

9. Father's Occupation. *Carpenter*

10. Father's Birthplace. *Bellevue, Maryland*

Name of Medical Attendant, or other Person who makes this Return *Dr. J. H. Blum*

Address. *1111 N. E. St.*

Remarks.



LOG 43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

827

3. *Date of Birth.*

Sept. 30, 1891

4. *Place of Birth, (Street and Number)*

104 N. Carrollton Ave

5. *Full Name of Mother,*

Effie L. Willhite

6. *Mother's Maiden Name*

Bittern 200

### 7. *Mother's Birthplace.*

Handwritten: *Handwritten*

8. *Full Name of Father.*

Cornelius J. Willhite

9. *Father's Occupation,*

Silver Phytol  
Therapl and

10. *Father's Birthplace.*

Maryland

*Name of Medical Attendant,* or other person who makes this Return.

John & Carl

Address,

137 Ardenne Ave

Remarks, I thought this report was sent till  
I came to record the one following.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

And be it further enacted, and ordained, that every person, including residents, in the City of Baltimore, who shall be present at the birth of a child, shall be bound to report the same to the Registrar of Births, and to file a true and correct copy of this schedule, containing a list of the particulars of the birth, within the time and in the manner herein prescribed. And be it further enacted, and ordained, that every person who shall be present at the birth of a child, and who shall not report the same to the Registrar of Births, and who shall not file a true and correct copy of this schedule, containing a list of the particulars of the birth, within the time and in the manner herein prescribed, shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore, and the same shall be recoverable by the City of Baltimore, and the same shall be recoverable by the City of Baltimore, and the same shall be recoverable by the City of Baltimore.

# RETURN OF A BIRTH. 1887-44

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd & 3rd*

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 20 September*
4. Place of Birth, (Street and Number) *Biddle St. N. 2045*
5. Full Name of Mother, *Martha Rolf*
6. Mother's Maiden Name, *Martha Rolf*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Isaac Rolf*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Mary Hanck*

Address, *E. Eager St. N. 2031*

Remarks, \_\_\_\_\_

[illegible]

RETURN OF A BIRTH *1925*  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *30th September*

4. Place of Birth, (Street and Number) *124 Irving St*

5. Full Name of Mother, *E. Ann Jones*

6. Mother's Maiden Name, *Johnson*

7. Mother's Birthplace, *California*

8. Full Name of Father, *Wm. W. Jones*

9. Father's Occupation, *Teacher*

10. Father's Birthplace, *California*

Name of Medical Attendant, or other person who makes this Return, *Chas. C. Johnson*

Address, *501 Irving St.*

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

32

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. *Dale of Birth,*

Sept 30<sup>th</sup> 1891

4. *Place of Birth, (Street and Number)*

25 E Lafayette Ave

5. *Full Name of Mother,*

Clara Bredel

6. *Mother's Maiden Name.*

" Bastwick

7. *Mother's Birthplace,*

Baltimore

8. *Full Name of Father,*

Adolph v. Brädel

9. *Father's Occupation.*

Laroyen

10. *Father's Birthplace,*

virginia

Name of Medical Attendant, or other person who makes this Return.

Geo R Latham

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 1904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race), white

3. Date of Birth, September 30, 1871

4. Place of Birth, (Street and Number) 1027 E. Pomfret

5. Full Name of Mother, *Pauline Buchner*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* \_\_\_\_\_

8. Full Name of Father, Simon Pershke

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Mrs. Pacific Bennett

Address, 122 S. Exchange

Remarks, \_\_\_\_\_

Section 1. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of such births as occur in the City of Baltimore, and shall submit the same to the Board of Health, at the office of the Registrar of Vital Statistics, on or before the first day of each and every month, and shall be liable to a fine of ten dollars for each offense, to be recovered by the Board of Health, and to be paid by the person so offending. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, who is not a member of the Board of Health, shall keep a true and correct register of such births as occur in the City of Baltimore, and shall submit the same to the Board of Health, at the office of the Registrar of Vital Statistics, on or before the first day of each and every month, and shall be liable to a fine of ten dollars for each offense, to be recovered by the Board of Health, and to be paid by the person so offending.



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child  
2. Sex, (state whether male or female) female  
3. Race or Color, (if not of the white race) White  
4. Date of Birth, Oct 1st  
5. Place of Birth, (Street and Number) 102 Randall St  
6. Full Name of Mother, Maggie Modicus  
7. Mother's Maiden Name, Maggie S. Meredith  
8. Mother's Birthplace, Delaware  
9. Full Name of Father, Jacob Modicus  
10. Father's Occupation, Labor  
11. Father's Birthplace, Annie Brundall County  
Name of Medical Attendant, or other person who makes this Return, Mrs. Tully  
Address, 1825 Light St  
Remarks, Doing well

L-02749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex. (state whether male or female) Female

2. Race or Color, (if not of the white race), W

3. *Date of Birth,* Oct 2 1891

4. Place of Birth, (Street and Number) 20 E. Townsend

5. Full Name of Mother, Christean B Goldies

6. *Mother's Maiden Name,* Christine Butterfield

7. Mother's Birthplace, Wheeling W. Va

8. Full Name of Father, *Frederick Gottlieb*

9. *Father's Occupation,* 13 *renew*

10. *Father's Birthplace,*.....Hungary

Name of Medical Attendant, or other person who makes this Return, *F. C. Chataud*

Address, \_\_\_\_\_ 516 Park \_\_\_\_\_

Remarks, .....

**Record of Vital Statistics in the City of Baltimore.**  
SECTION 5. Any person who shall neglect and withhold from every person having authority in the City of Baltimore under whose charge the birth and death registers are kept, any child or infant, or any child or infant who shall be born or die in the City of Baltimore, to register such birth and death, shall be deemed a guilty person, and shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense. Any person who shall neglect and withhold from every person having authority in the City of Baltimore under whose charge the birth and death registers are kept, any child or infant, or any child or infant who shall be born or die in the City of Baltimore, to cause such birth and death to be registered, shall be deemed a guilty person, and shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense. Any person who shall neglect and withhold from every person having authority in the City of Baltimore under whose charge the birth and death registers are kept, any child or infant, or any child or infant who shall be born or die in the City of Baltimore, to cause such birth and death to be registered, shall be deemed a guilty person, and shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense. Any person who shall neglect and withhold from every person having authority in the City of Baltimore under whose charge the birth and death registers are kept, any child or infant, or any child or infant who shall be born or die in the City of Baltimore, to cause such birth and death to be registered, shall be deemed a guilty person, and shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense.

## RETURN OF A BIRTH 102750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c

1. Sex, (state whether male or female)

Race or color, (if not of the white race)

Date of Birth \_\_\_\_\_

Place of Birth, (Street and Number)

Full Name of Mother

6. *Mother's Maiden Name*

### 7. *Mother's Birthplace*

8. *Full Name of Father*

### 9. Father's Occupation

### 10. *Father's Birthplace*

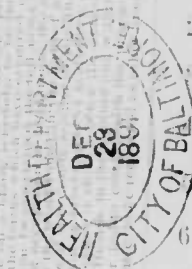
*Name of Medical Attendant,* or other person who makes this Return.

Address

Remarks



Record of Birth Statistics in the City of Baltimore  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c)  
1. Sex, (state whether male or female)  
2. Race or color, (if not of the white race)  
3. Date of Birth,  
Place of Birth, (Street and Number)  
Full Name of Mother,  
6. Mother's Maiden Name,  
7. Mother's Birthplace,  
8. Full Name of Father,  
9. Father's Occupation,  
10. Father's Birthplace,  
Name of Medical Attendant, or other person who makes this Return  
Address,  
Remarks,



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2nd*  
1. Sex, (state whether male or female) *Female*  
2. Race or color, (if not of the white race) *White*  
3. Date of Birth, *Oct 2 1911*  
Place of Birth, (Street and Number) *20 Ulstermarke*  
Full Name of Mother, *Rosa Snyder*  
6. Mother's Maiden Name, *Berman*  
7. Mother's Birthplace, *Russia*  
8. Full Name of Father, *Wolf Snyder*  
9. Father's Occupation, *Laundry*  
10. Father's Birthplace, *Russia*  
Name of Medical Attendant, or other person who makes this Return *Dr. W. H. H. H. H.*  
Address, *1721 Cantonment*  
Remarks,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- WM J. O DULANY CO CITY PRINTERS AND STATIONERS

[illegible]

Record of Vital Statistics in the City of Baltimore.  
And he it further enacted, that every person practicing medicine in the City of Baltimore, who shall be charged with the duty of registering births, shall be liable to a fine of ten dollars for each offense, and to the costs of this act, if he shall be convicted thereof.  
This act shall be in force from and after the first day of January, 1892.

202253  
1892-53  
RETURN OF A BIRTH.  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1<sup>st</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 4<sup>th</sup> 1891

4. Place of Birth, (Street and Number) # 831 William St.

5. Full Name of Mother, Della Spedden

6. Mother's Maiden Name, Sharpspear

7. Mother's Birthplace, California

8. Full Name of Father, Geo B. Spedden

9. Father's Occupation, Carpenter

10. Father's Birthplace, Dorchester Co. Mass

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Harmon St.

Remarks,

# RETURN OF A BIRTH 190754 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. Sex, (state whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct 11/97

4. Place of Birth, (Street and Number) 242 High St. D

5. Full Name of Mother, Sarah Berlin

6. Mother's Maiden Name, " Grossberg

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Berlin

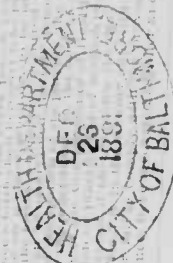
9. Father's Occupation, Sailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return Dr. W. H. Baker M.D.

Address, 1721 Canton St.

Remarks,



# Record of Vital Statistics in the City of Baltimore

~~Canceled Co.~~ 102755  
RETURN OF A BIRTH  
Office of Registrar of Vital Statistics, Dept. of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *White*  
 3. Date of Birth, *Sept. 27th 1886.*  
 4. Place of Birth, (Street and Number) *209 Calverton Ave*  
 5. Full Name of Mother, *Barbara L Mc Carbery*  
 6. Mother's Maiden Name, *Kenb*  
 7. Mother's Birthplace, *Maryland*  
 8. Full Name of Father, *William M Mc Carbery*  
 9. Father's Occupation,   
 10. Father's Birthplace, *Washington D.C.*  
 Name of Medical Attendant, or other person who makes this Return, *W. H. Mc Carbery*  
 Address, *1300 O Lexington St*  
 Remarks,

LOG-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*  
 1. Sex, (state whether male or female) *Male*  
 2. Race or Color, (if not of the white race) *Light Brown*  
 3. Date of Birth, *Fifth Oct. 1890*  
 4. Place of Birth, (Street and Number) *1920 Horn St.*  
 5. Full Name of Mother, *Emma J. Conquest*  
 6. Mother's Maiden Name, *" Myers*  
 7. Mother's Birthplace, *Virginia*  
 8. Full Name of Father, *Levin M. Conquest*  
 9. Father's Occupation, *Laborem*  
 10. Father's Birthplace, *E. Virginia*  
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Ann Forest*  
 Address, *715 Durham St.*  
 Remarks, *The mother's condition is tolerable and also the child's*



SECTION 1. And be it enacted, that every person practicing medicine or surgery in the City of Baltimore, who shall be licensed to do so, shall keep a record of all births occurring in the City of Baltimore, and shall enter the same on a book which he shall keep for that purpose, and shall set forth as follows: the name of the child, the sex, the date and place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of medicine or surgery, the name of the medical attendant, the name of the person who makes this return, the address, and the remarks. This record shall be kept for a period of one year, and shall be subject to the inspection of the Board of Health, and shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3<sup>d</sup>*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *W*
3. Date of Birth, *Oct. 6 1891*
4. Place of Birth, (Street and Number) *713 N Howard*
5. Full Name of Mother, *Leontine J George*
6. Mother's Maiden Name, *Leontine Stern*
7. Mother's Birthplace, *France*
8. Full Name of Father, *Claude Ferdinand George*
9. Father's Occupation, *Salesman*
10. Father's Birthplace, *France*
- Name of Medical Attendant, or other person who makes this Return, *F. E. Whetard*
- Address, *576 Park*
- Remarks,



## RETURN OF A BIRTH

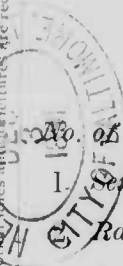
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*1. Sex, (state whether male or female) *Female*2. Race or color, (if not of the white race) *White*3. Date of Birth, *Dec 29*4. Place of Birth, (Street and Number) *1117 E. Lombard*5. Full Name of Mother, *Sarah Koch*6. Mother's Maiden Name, *Scherr*7. Mother's Birthplace, *Russia*8. Full Name of Father, *Charles Koch*9. Father's Occupation, *Tailor*10. Father's Birthplace, *Russia*Name of Medical Attendant, or other person who makes this Return *Dr. J. H. Miller*Address, *1117 E. Lombard*

Remarks,

Not to be filled out by the Registrar of Births, but by the attending physician or midwife, or other person who makes this Return. It shall be filled out by the attending physician or midwife, or other person who makes this Return, and shall be filed in the office of the Registrar of Births, within the time specified in the regulations of the Board of Health. It shall be filled out by the attending physician or midwife, or other person who makes this Return, and shall be filed in the office of the Registrar of Births, within the time specified in the regulations of the Board of Health.

Section 5. Any person who is not a resident of Baltimore under whose charge or control any child is born in Baltimore, and who is not a resident of Baltimore, shall be liable to a fine of ten dollars for each offense, to be recovered as provided in the City of Baltimore. Any person who is not a resident of Baltimore, and who is not a resident of Baltimore, shall be liable to a fine of ten dollars for each offense, to be recovered as provided in the City of Baltimore.



# RETURN OF A BIRTH. 100760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)
2. Sex, (state whether male or female)
3. Race or Color, (if not of the white race)
4. Date of Birth, Oct-8<sup>th</sup> 1891
5. Place of Birth, (Street and Number) 1508 Hollins
6. Full Name of Mother, Susan Vansant
7. Mother's Maiden Name, Sinden
8. Mother's Birthplace, B. C.
9. Full Name of Father, John B. Vansant
10. Father's Occupation, Farmer
11. Father's Birthplace, Ma
- Name of Medical Attendant, or other person who makes this Return, Herman F Hill M.D.
- Address, 1401 W. Fayette st.
- Remarks,

Section 7. And be it enacted, that every person practicing medicine in the City of Baltimore, under whose charge a child is born, shall, within the first month after the birth of such child, enter the same on a blank form provided by the Commissioner of Health. This form shall be filled out by the person practicing medicine, and shall set forth as far as the facts known to him, the full name of each child, its sex, color, date and place of birth, and the day of each and the name and occupation of the mother, and the name and occupation of the father, and the name and occupation of the medical attendant, and the name and occupation of the person who makes this return. In case the birth of such child occurs without the attendance of a medical attendant, or if the mother, immediately thereafter, fails to report its birth to the Commissioner of Health, or if the person who makes this return fails to report its birth to the Commissioner of Health, or if any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the Commissioner of Health.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Oct 10 1891

4. Place of Birth, (Street and Number) Baltimore Vincent St. No. 37

5. Full Name of Mother, Gertrude Randall

6. Mother's Maiden Name, Gertrude Washington

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John J. Randall

9. Father's Occupation, waiter

10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whitcomb Street

Remarks, \_\_\_\_\_



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Self*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, October 12, 1891

4. Place of Birth, (Street and Number) 508 President St

5. Full Name of Mother, Raffaella Nutvano

6. *Mother's Maiden Name.*

7. Mother's Birthplace, *St. Louis*

8. Full Name of Father, Giuseppe Giovanni Pitagora

9. Father's Occupation, Schoolmaster

10. *Father's Birthplace,* \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, Mr. C. Bennett

Address, 122 S. Exeter str

Remarks

Remarks, \_\_\_\_\_

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 12 '91
4. Place of Birth, (Street and Number) 1030 E. Lombard St.
5. Full Name of Mother, Rebecca Rosenstein
6. Mother's Maiden Name, Wronski
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Rosenstein
9. Father's Occupation, Sailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Miller M.D.
- Address, 1724 Carlton Ave
- Remarks

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

1. Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

7-30/ Date of Birth, Oct 15/9

4. Place of Birth, (Street and Number) 12 E. Linnale St.

5. Full Name of Mother, *Annie Lathrell*

6. *Mother's Maiden Name,* Wendy

7. Mother's Birthplace, England

8. Full Name of Father, *Sam'l L. Loomis*

9. Father's Occupation, *Chinese Decorator*

10. Father's Birthplace, Frankford, Pa.

Name of Medical Attendant, or other person who makes this Return. E. D. Williams, Jr. M.D.

Address,

Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, *QCA 11/9/*

4. Place of Birth, (Street and Number) 1500 Caroline St

5. Full Name of Mother, *Emma J. Newman*

6. Mother's Maiden Name, *House*

7. Mother's Birthplace, ..... Balt.

8. Full Name of Father, Joseph F. Newman

9. Father's Occupation, Car Builders

10. Father's Birthplace, Warren Ga

Name of Medical Attendant, or other person who makes this Return, J. A. Christy, M. D.

*Address,*

Remarks,



RETURN OF A BIRTH. 182767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

114

Sex, (state whether male or female)

Male

94. Race or Color, (if not of the white race).

18  
3 Date of Birth,

14<sup>th</sup> Oct

Place of Birth, (Street and Number)

1114 W Somerset St

5. *Full Name of Mother,*

Hellen, Ebersbergen

6. *Mother's Maiden Name,*

11 Sofalar

7. *Mother's Birthplace,*

Germany

8. *Full Name of Father,*

Michæl Ebersberger

9. *Father's Occupation.*

Blank maker

10. *Father's Birthplace,*

Germany


Name of Medical Attendant, or other person who makes this Return.

Mrs Julia Groome

Address,

940 N Gay st

Remarks.



Not to be filled out by the Registrar of Births, but by the person attending the birth, or by the mother, or by the father, or by the child, or by the physician, or by the midwife, or by the nurse, or by the attendant, or by the person who shall be designated by the Registrar of Births, and who shall be present at the birth, and who shall be qualified to give the information required by this form, and who shall be sworn to the truth of the information given by him, and who shall be subject to the penalty of perjury for any false statement made by him, and who shall be subject to the penalty of fine and imprisonment for any violation of the provisions of this section.

# RETURN OF A BIRTH. 102768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 18 1891

4. Place of Birth, (Street and Number) 217 Central St.

5. Full Name of Mother, Messie Fisher

6. Mother's Maiden Name, Carroll

7. Mother's Birthplace, Russia

8. Full Name of Father, Benjamin Fisher

9. Father's Occupation, Sailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Fisher

Address, 172 Central St.

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 102769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, oct 16 1891

4. Place of Birth, (Street and Number) Baltimore 1131 Vincent st

5. Full Name of Mother, Maria J. Green

6. Mother's Maiden Name, Maria J. Clark

7. Mother's Birthplace, Baltimore county

8. Full Name of Father, Robert Green

9. Father's Occupation, marble polisher

10. Father's Birthplace, Barbados west indiana

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1335 whatcoat street

Remarks,

## RETURN OF A BIRTH. 195770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *Colored*  
3. Date of Birth, *January 24 Oct, 1891*  
4. Place of Birth, (Street and Number) *701 Sussex Court*  
5. Full Name of Mother, *Kate H. Little*  
6. Mother's Maiden Name, *" " Boyer*  
7. Mother's Birthplace, *Chesapeake Md.*  
8. Full Name of Father, *William Boyer*  
9. Father's Occupation, *Lay. Mill*  
10. Father's Birthplace, *Baltimore Md*  
Name of Medical Attendant, or other person who makes this Return, *Lucie Johnson*  
Address, *440 Cross Street*  
Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).....

3. Date of Birth, Feb 1991

4. *Place of Birth, (Street and Number)*..... 232 S. 5th

5. Full Name of Mother, Elizabeth A. Smith

6. *Mother's Maiden Name*, ..... 2115000

7. Mother's Birthplace, .....

8. Full Name of Father, Wm. J. Hall

9. *Father's Occupation*, ..... *Wagon Driver* .....

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return, James H. Smith

Address..... *122 Canton St*

Remarks, \_\_\_\_\_

WAR J C DULANY CO CITY PRINTERS AND STATIONERS

# RETURN OF A BIRTH 102772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Third*

1. Sex, (state whether male or female) *It is a Female*

Race or color, (if not of the white race) *White*

Place of Birth, *Oct 18<sup>th</sup> 1890*

Place of Birth, (Street and Number) *236 Hicory Avenue Balto*

Full Name of Mother, *Lula May O'Brien*

Mother's Maiden Name, *Lula May Bennett*

Mother's Birthplace, *Carroll County Maryland*

5. Full Name of Father, *Jas Thos O'Brien*

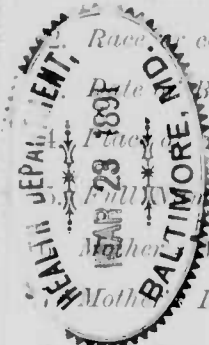
9. Father's Occupation, *Black Smith*

10. Father's Birthplace, *Worcester Balto County*

Name of Medical Attendant, (or other person who makes this Return) *Wm John Sullivan*

Address,

Remarks,



And in the birth certificate, the name of the child shall be written in full, and the date of birth, and the place of birth, and the name of the mother, and the name of the father, and the name of the medical attendant, and the name of the person who makes this return, and the name of the registrar, and the name of the board of health, and the name of the city, and the name of the state, and the name of the country, and the name of the world.



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2 Child*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *White race*

3. Date of Birth, *19th Oct*

4. Place of Birth, (Street and Number) *452 Short St*

Full Name of Mother, *Maria Bizer*

6. Mother's Maiden Name, *Maria Carrentina*

7. Mother's Birthplace, *Italy*

8. Full Name of Father, *Carmela Bizer*

9. Father's Occupation, *fruit dealer*

10. Father's Birthplace, *Italy*

Name of Medical Attendant, or other person who makes this Return. *Miss Anna Taylor*

Address, *41 Guilford alley, Baltimore, Md.*

Remarks, \_\_\_\_\_

And be it further enacted, and ordained, that every person who shall register a birth, or who shall cause a birth to be registered, in violation of the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense.



SECTION 10. And be it further enacted, that every person practicing midwifery in the city of Baltimore, shall keep a book, in which he shall enter the names of all children born in the city, and shall set forth as far as the same can be ascertained, the name, sex, color, the day of each child, of any child, and the place of birth, and the name of the mother, and the name of the father, and the name of the physician, or surgeon, or other person attending upon the mother, immediately after the birth of the child, and shall report the same to the Commissioner of Health, within the time and in the manner prescribed in this section, and shall be subject to the fine of ten dollars for each offense, to be recovered by the City of Baltimore.

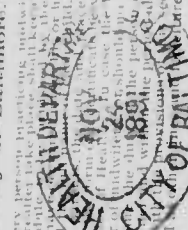
## RETURN OF A BIRTH. 102775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, Dec 20/11
  4. Place of Birth, (Street and Number) 244 S. Caroline St.
  5. Full Name of Mother, Maggie Dean
  6. Mother's Maiden Name, Brown
  7. Mother's Birthplace, Russia
  8. Full Name of Father, Louis Dean
  9. Father's Occupation, Sailor
  10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Carter, M.D.
- Address, 244 S. Caroline St.
- Remarks, \_\_\_\_\_

SECTION 2. And be it further enacted and ordained, That every person practicing medicine in the City of Baltimore, who is required to keep a record of the births occurring in his family, shall keep a true and correct register of such births, and shall enter the same on a blank schedule, which shall be furnished to him by the Health Officer, and shall set forth as far as the same can be ascertained, the name, sex, color, date of birth, and place of birth of each child, and shall sign the same with his name and the name of the child, and shall deliver the same to the Health Officer on the third day of each and every month, and shall be liable to a fine of ten dollars for each offense, to be recovered by the Health Officer, and to the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered by the Health Officer.

Record of Birth Statistics in the City of Baltimore.



## RETURN OF A BIRTH. 15776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *fourth child*
1. Sex, (state whether male or female) *male*
  2. Race or Color, (if not of the white race) *colored*
  3. Date of Birth, *Oct. 20, 1891*
  4. Place of Birth, (Street and Number) *1312 Bruce St*
  5. Full Name of Mother, *Susan Franklin*
  6. Mother's Maiden Name, *Glenn*
  7. Mother's Birthplace, *Western Shore Md*
  8. Full Name of Father, *Asbury Franklin*
  9. Father's Occupation, *Wine Merchant*
  10. Father's Birthplace, *Charles Co Md*
- Name of Medical Attendant, or other person who makes this Return, *Wm. G. Jones*
- Address, *1121 Saratoga St*
- Remarks,

Section 5. And to be read and construed that every person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall take place, shall keep a true and correct record of such birth, and shall enter the same on a blank form provided for that purpose by the Commissioner of Health. The record shall contain a list of the births which have occurred under his charge, and shall be filed in the office of the Commissioner of Health. The record shall be kept in a book, and shall be preserved for a period of ten years. The record shall be subject to the inspection of the Commissioner of Health, and of any other person authorized by the Board of Health. Any person who fails to keep such record, or who falsifies the same, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

# RETURN OF A BIRTH. L2577?

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White race*
3. Date of Birth, *21 Oct 1891*
4. Place of Birth, (Street and Number) *High St.*
5. Full Name of Mother, *Mary Helen*
6. Mother's Maiden Name, *Mary Conroy*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Thomas Wilson*
9. Father's Occupation, *Labr*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return. *Geo. Taylor*
- Address, *41 Guilford Alley Baltimore Md*
- Remarks,

Section 100. Any person who, in furtherance and violation of the provisions of this section, shall be guilty of a misdemeanor and shall be fined not more than \$100. Any person who, in furtherance and violation of the provisions of this section, shall be guilty of a misdemeanor and shall be fined not more than \$100. Any person who, in furtherance and violation of the provisions of this section, shall be guilty of a misdemeanor and shall be fined not more than \$100.

GIVEN NAME ADDED.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irene Katz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

15779

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

- WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS

## RETURN OF A BIRTH. 192780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Arney Rice

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ndSex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth..... 6 Oct 22

4. Place of Birth, (Street and Number) 114 1/2 Sumner St. Erie

5. Full Name of Mother, James Smith 910

6. Mother's Maiden Name, Anne Elizabeth Hinton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Rev. William L. Rice

9. *Father's Occupation*, *Teacher*

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs Tully 1828 Light St.

Remarks, ... *Doing well*

NAME ADDED

GIVEN NAME ADDED 12-29-59 192781

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Ida Sarah Scheftall*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Female*
  2. Race or Color, (if not of the white race) *White*
  3. Date of Birth, *Oct 23/91.*
  4. Place of Birth, (Street and Number) *1928 Druid Hill Ave.*
  5. Full Name of Mother, *Sarah Ida Scheftall*
  6. Mother's Maiden Name, *Adger*
  7. Mother's Birthplace, *Savanna Ga.*
  8. Full Name of Father, *Chas H. Scheftall*
  9. Father's Occupation, *Gen'l Manager Schults Gas Light & Oil Co.*
  10. Father's Birthplace, *Savanna Ga. (Mekel Co.)*
- Name of Medical Attendant, (or other person who makes this Return.) *J. H. Christian M. D.*
- Address, \_\_\_\_\_
- Remarks, \_\_\_\_\_

## RETURN OF A BIRTH 1862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *white*

3. Date of Birth, Oct. 24, 1891

4. Place of Birth (Street and Number), 724 N. Gilman St.

5. Full Name of Mother, *Mary Scott Swynn*

6. Mother's Maiden Name, *Mary Scott*

7. Mother's Birthplace, Orange Co., Va.

8. Full Name of Father, *Henry B. Gwynn*

9. Father's Occupation, *Teacher, Physician -*

10. Father's Birthplace, Baltimore Md. Mason Henders

Name of Medical Attendant, or other person who makes this Return.

Address, *7th N. Gilmer St.*

Remarks, Overlooked sending this, thinking Dr. H. would do it.

[illegible]



15-83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 2725

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) white  
3. Date of Birth, Oct 26 - 97  
4. Place of Birth, (Street and Number) 5th Louisiana St  
5. Full Name of Mother, Mary Ann  
6. Mother's Maiden Name, " "  
7. Mother's Birthplace, Maryland  
8. Full Name of Father, " "  
9. Father's Occupation, " "  
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Charles Beebe

Address, 125-24 55th Ave Flushing NY 11355

Remarks, .....

SECTION 1. And be it further enacted, That the Registrar of Births and Deaths, in the City of New York, shall cause to be printed and published, in the City of New York, a schedule of birth and death certificates, in the form and to the effect following, to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have taken place in the City of New York, and shall be printed in the English, French, German, Italian, Spanish, and Chinese languages. The Registrar shall cause to be printed and published, in the City of New York, a schedule of birth and death certificates, in the form and to the effect following, to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have taken place in the City of New York, and shall be printed in the English, French, German, Italian, Spanish, and Chinese languages. The Registrar shall cause to be printed and published, in the City of New York, a schedule of birth and death certificates, in the form and to the effect following, to be furnished to the Commissioner of Health. This schedule shall contain a list of the births which have taken place in the City of New York, and shall be printed in the English, French, German, Italian, Spanish, and Chinese languages.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*..

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other Person who makes this Return.

Address, ...

Remarks,

[illegible]

John Murphy & Co., City Printers and Stationers.

WPA J. C. DULANY CO CITY PRINTERS AND STATIONERS

## 15-55

[illegible]

1. *Handwritten text, possibly a signature or name.*

- WPA J C DULANY CO CITY PRINTERS AND STATIONERS.

## RETURN OF A BIRTH 197866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. *Sex*, (state whether male or female)

2. Race or Color, (if not of the white race)

23. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother*

6. *Mother's Maiden Name*

7. *Mother's Birthplace*

8. *Full Name of Father,*

### 9. Father's Occupation

10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks

[illegible]

SECTION 7. And be it enacted, That every person, practicing midwifery in the City of Baltimore, under whose charge or supervision a birth shall occur, shall enter the same on a book, schedule, to be furnished by the Commission of Health, within a period of one month after the birth, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the sex, color, and race of the child, and shall also certify to the date of birth, and the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commission of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 17287  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27 October 1896

4. Place of Birth, (Street and Number) 423 East 8

5. Full Name of Mother, Catherine J. ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, J. L. ...

Address, 72 ...

Remarks, ...

## L 2788

L 2788

~~Free~~

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Oct 28

5-4-2000

Adie York

Manuscript

.....

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Charles Greene

115 W. Lincoln St.

12

## L-2789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks.

W. M. J. C. DULANY &amp; CO. - CITY PRINTERS AND STATIONERS

WM. J. G. MULANY CO. CITY PRINTERS AND STATIONERS

100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd

Male

2. Race or Color, (if not of the white race)

2946

1729 E Biddest

Alice Preston

11 Briscoe

St. Maria Co.

St Marys 108  
Hence Point

7/10 hit

Ducks  
B 14

Balto  
H. A. P. P.

Julia Groome  
Alb. H. Groome

94011 Bay et-

[illegible]



Record of Vital Statistics in the City of

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12<sup>th</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 29<sup>th</sup> 1891.

4. Place of Birth, (Street and Number) 1303 N. Eden St.

5. Full Name of Mother, Ellen Quinn

6. Mother's Maiden Name, a Murphy

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Wm. Quinn

9. Father's Occupation, Fireman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1207 N. Eden St

Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. 195791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>d</sup> 3<sup>d</sup>

1. Sex, (state whether male or female) Male  
2. Race or Color, (if not of the white race) Black  
3. Date of Birth, Oct 21 - 1901  
4. Place of Birth, (Street and Number) 45 N. Lombard St.  
5. Full Name of Mother, Ella Curtis  
6. Mother's Maiden Name, \_\_\_\_\_  
7. Mother's Birthplace, Maryland  
8. Full Name of Father, \_\_\_\_\_  
9. Father's Occupation, \_\_\_\_\_  
10. Father's Birthplace, \_\_\_\_\_  
Name of Medical Attendant, or other person who makes this Return, Charles Greene  
Address, 40 N. Lombard St.  
Remarks, \_\_\_\_\_

WFA J. C. BULANY CO CITY PRINTERS AND STATIONERS

LOG 32

[illegible]

Remarks, .....

44-38861-93

**Section 2. A Record of Vital Statistics, in the City of Baltimore.**

Baltimore, under a charge of superintendence a birth, death, marriage, and burial certificate may be made by the Commissioner of Health, and the same shall be entered in a book to be maintained by the Commissioner of Health. This schedule shall contain a list of the births which have occurred during the year, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred on the child, the date of birth, the name of the mother, the name of the father, the name of the physician, and the name of the place where the child was born. The birth certificate shall be delivered daily signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance on the birth of the child, the birth certificate shall be made by the Commissioner of Health, and shall be signed by its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeits are recoverable.

1. Sex, (state whether male or female) Male

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. *Date of Birth,* Oct 30 91

4. Place of Birth, (Street and Number) 1014 N Charles St

5. Full Name of Mother, Mary L. Van Bibber

6. Mother's Maiden Name, Mary Lusby

7. Mother's Birthplace, Ballo

8. Full Name of Father, *John Van Biber*

9. Father's Occupation, Physician

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, *J. C. Chabard*

Address, 376 Park

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 30<sup>th</sup> 1891

4. Place of Birth, (Street and Number) 434 N. Wolfe st

5. Full Name of Mother, Ella Boyd

6. Mother's Maiden Name, Levine

7. Mother's Birthplace, City

8. Full Name of Father, James Boyd

9. Father's Occupation, Boiler-maker

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1201 N. Eden st.

Remarks, \_\_\_\_\_

Record of Vital Statistics in the City of Baltimore.

Section 1. And be it further enacted, that every person practicing midwifery in the City of Baltimore, shall keep a true and correct register of such birth, and shall enter the same on a blank sheet of paper, and shall forward the same to the Office of Registrar of Vital Statistics, Board of Health, within the month of the birth of each child, and shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore.

Section 2. This schedule shall contain a list of the birth of each child, and shall be forwarded to the Office of Registrar of Vital Statistics, Board of Health, within the month of the birth of each child, and shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore.

Section 3. The person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore.

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *Nov. 9, 01.*

4. Place of Birth, (Street and Number) *115 7th Lombard St*

5. Full Name of Mother, *Iida Hicks*

6. Mother's Maiden Name, *Maryland*

7. Mother's Birthplace, *Maryland*

8. Full Name of Father, *Charles Greene*

9. Father's Occupation, *115 8th Lombard St*

10. Father's Birthplace, *115 8th Lombard St*

Name of Medical Attendant, or other person who makes this Return, *Charles Greene*

Address, *115 8th Lombard St*

Remarks, *115 8th Lombard St*

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First1. Sex, (state whether male or female) Female2. Race or Color, (if not of the white race) W3. Date of Birth, Mar 2 914. Place of Birth, (Street and Number) 15th Lombard St5. Full Name of Mother, Marguerite C. C. C.6. Mother's Maiden Name, C. C. C.7. Mother's Birthplace, New York8. Full Name of Father, Charles C. C.9. Father's Occupation, 10. Father's Birthplace, Name of Medical Attendant, or other person who makes this Return, Charles C. C.Address, 15th Lombard St.Remarks, 

SECTION 706. And be it further enacted and ordained that every person who shall deliver a child to the City of Baltimore, shall be liable to the City of Baltimore, for the sum of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

And be it further enacted and ordained that every person who shall deliver a child to the City of Baltimore, shall be liable to the City of Baltimore, for the sum of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

And be it further enacted and ordained that every person who shall deliver a child to the City of Baltimore, shall be liable to the City of Baltimore, for the sum of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

# 1999

Baltimore City.

5X

- Charles Fernald

10-20-20



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

SECTION 7. And be it further enacted and ordained, that every person practicing midwifery in the City of Baltimore, under whose charge or control any child shall be born, shall keep a true and correct register of such birth, and shall enter thereon the name of the place where such child shall be born, the name of the mother, the name of the midwife, the date of birth, the sex of the child, the name of the father, and the name of the person to whom the same has been conferred; his sex, color, the full name of the child, the date and place of birth; and the name of the person to whom the same has been conferred, shall be delivered daily signed by the midwife, on the third day of each and every month to the office of the Commissioner of Health, and the same shall occur without the attendance of a physician or practitioner of midwifery, or should in other cases occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its truth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, or such other offense, to be recovered as other fines and forfeitures are recoverable.

## 100799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....  
2. Race or Color, (if not of the white race).....  
3. Date of Birth,.....  
4. Place of Birth, (Street and Number).....  
5. Full Name of Mother,.....  
6. Mother's Maiden Name,.....  
7. Mother's Birthplace,.....  
8. Full Name of Father,.....  
9. Father's Occupation,.....  
10. Father's Birthplace,.....  
Name of Medical Attendant, or other person who makes this Return,.....  
Address,.....  
Remarks,.....

WM. J. G. DULANEY CO. CITY PRINTERS AND STATIONERS

Extract Regulations of the Board of Health of the City of Baltimore.  
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

# RETURN OF A BIRTH L02300

To the Office of Registrar of Vital Statistics, Board of Health,  
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5<sup>th</sup>

1. Sex, (state whether male or female)

F

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 7<sup>th</sup> 1891

4. Place of Birth, (Street and Number)

735 N. Gay St.

5. Full Name of Mother,

Mary Harris

6. Mother's Maiden Name,

Leib

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Geo. T. Harris

9. Father's Occupation,

Painter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other Person who makes this Return

N. P. Reynolds M.D.  
2004 St. Paul St.

Address,

Remarks,

And he it further enacted and declared, that the Registrar of Vital Statistics of Baltimore, shall keep a true and correct register of such birth, and shall enter the same on a blank sheet of paper, to be furnished by the Registrar of Health. This schedule shall contain a list of the names of the persons who have occurred under his or her care during the year, and shall be signed by the Registrar of Health, and shall be filed in the office of the Registrar of Health. And the Registrar of Health shall be authorized to require of any person or persons who shall hereafter fail to comply with the provisions of this section, to be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 12801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 9th 1891

4. Place of Birth, (Street and Number) Division St

5. Full Name of Mother, Sarah E. Rice

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Rice

9. Father's Occupation, Physician

10. Father's Birthplace, Balt Am Med

Name of Medical Attendant, or other person who makes this Return, E. H. Lee

Address, 902 N. Broadway St

Remarks, This is first boy

SECTION 7. And be it enacted, that every person practicing midwifery in the City of Baltimore under whose charge or supervision a child is born, shall, within one month after the birth of such child, enter the same on a book, schedule, to be provided by the Board of Health, which shall be kept in the office of the Board of Health, and shall set forth as far as he or she is able to ascertain, the name, sex, color, the full name and occupation of the father, the full name and place of birth of the mother, the date of birth of the child, the name of the medical attendant, and the name of the person who makes this return, and shall also set forth the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH.

102802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 12 - 91

4. Place of Birth, (Street and Number) 115 7th Lombard St

5. Full Name of Mother, Mrs. Wilkes

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, \_\_\_\_\_

8. Full Name of Father, \_\_\_\_\_

9. Father's Occupation, \_\_\_\_\_

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address, 115 7th Lombard St

Remarks, \_\_\_\_\_

200803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) S

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)..... Black

3. *Date of Birth,* May 12 - 94

4. *Place of Birth, (Street and Number)* 571 Longfellow St.

5. Full Name of Mother, Marion McQuinn

6. *Mother's Maiden Name*,.....

7. *Mother's Birthplace*,..... Va

8. *Full Name of Father,* .....

9. *Father's Occupation,* .....

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return, Charles Hansen

Address, ..... 115 24 Lombard St

Remarks, .....

[illegible]

Section 7. And be it further enacted and ordained that every person who is in the City of Baltimore, and who is the mother of a child, shall, within the month of the birth of such child, report to the Office of the Registrar of Vital Statistics, a birth record, containing the following particulars: the name of the child, the date and place of birth, the sex of the child, the race or color of the child, the name of the mother, the name of the father, the occupation of the father, the birthplace of the father, the name of the medical attendant, and the date of the report. And be it further enacted and ordained that every person who fails to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 12th 1891
4. Place of Birth, (Street and Number) 837 E. Egan
5. Full Name of Mother, Fannie Connor
6. Mother's Maiden Name, Bozell
7. Mother's Birthplace, Centerville Md
8. Full Name of Father, Charles Connor
9. Father's Occupation, Plumber
10. Father's Birthplace, Alexandria Va
- Name of Medical Attendant, or other person who makes this Return, W. B. Callender
- Address, 1236 E. Egan
- Remarks, \_\_\_\_\_

Correct Record of Vital Statistics in the City of Baltimore.  
"That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, the sex, and color of the child or children born, its or their physical condition, whether still-born or not, the name, nativity, and residence of the parents, and the maiden name of the mother of said child or children."

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov 14<sup>th</sup> 1891

4. Place of Birth, (Street and Number)

223 Burr St-

5. Full Name of Mother,

Allen S. Bowen

6. Mother's Maiden Name,

Allen S. Zuvana

7. Mother's Birthplace,

Calvert Co Md

8. Full Name of Father,

Wm B Bowen

9. Father's Occupation,

Bookman B & C A & R

10. Father's Birthplace,

Calvert Co Md

Name of Medical Attendant,

or other Person who makes this Return

Address,

2 W Carroll Md

Remarks,

3-22 S. Sharp St-



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex, (state whether male or female).*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*10. *Father's Birthplace.*

*Name of Medical Attendant*, or other person who makes this Return,

*Address,*

Remarks,

[illegible]

Section 7. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under the charge or superintendence of a birth shall hereafter take place, shall keep a true and correct record of the births which he or she has attended, and shall set forth in the same the full name of each child, (if any shall have been born), the date of birth, the sex, the race or color, the place of birth, the name of the mother, the name of the father, the name of the medical attendant, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or persons of such class, who shall be present at the birth, to immediately report the same to the office of the Commissioner of Health, and if such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other laws and forfeitures are recoverable.

RETURN OF A BIRTH. L2807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 17 November 1891

4. Place of Birth, (Street and Number) Baltimore 1129 Whatcoat street

5. Full Name of Mother, Martha Ellen Tilghman

6. Mother's Maiden Name, Martha Ellen Johnson

7. Mother's Birthplace, Annerondale County

8. Full Name of Father, Thomas Tilghman

9. Father's Occupation, Stevedore

10. Father's Birthplace, Calvert Maryland

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1337 Whatcoat street

Remarks,

L 12808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. ~~Race~~ or color, (if not of the white race)

344  
1899 Date of Birth, \_\_\_\_\_

4. Place of Birth, (Street and Number).....

115. Full Name of Mother, *Anna, A. Taylor.*

6. *Mother's Maiden Name,* \_\_\_\_\_

7. *Mother's Birthplace*, .....

8. Full Name of Father, William M. Hall

9. *Father's Occupation,* *Farmer*

10. *Father's Birthplace,* ..... *Putnam Co. N.Y.*

Name of Medical Attendant, or other person who makes this Return. W. B. Lammie, M.D.

Address, ..... 2937 Lakeside Blvd., Chicago

Remarks, \_\_\_\_\_

[illegible]

[illegible]

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 h

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)..... *Indian*

3. *Date of Birth,*..... Nov 20th 1891

4. *Place of Birth, (Street and Number)* ..... 1617 Miller

5. Full Name of Mother, Lillian Rosebush

6. *Mother's Maiden Name,*.....Schmidt

7. *Mother's Birthplace,*..... *Bath*

8. Full Name of Father, Chas A W. Macpherson

9. *Father's Occupation,*..... *Car Dealer*

10. *Father's Birthplace,* .....

Name of Medical Attendant, or other person who \_\_\_\_\_ Mr. B. B. [unclear]

Address, \_\_\_\_\_ 1206 C. P. 6000

Remarks, .....

Section 2. And be it further enacted, That any person practicing midwifery in the City of Baltimore, and who is not a duly licensed midwife, shall be liable to be arrested by the Commissioner of Health, and shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, for each offense. And be it further enacted, That any person practicing midwifery in the City of Baltimore, and who is not a duly licensed midwife, shall be liable to be arrested by the Commissioner of Health, and shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, for each offense. And be it further enacted, That any person practicing midwifery in the City of Baltimore, and who is not a duly licensed midwife, shall be liable to be arrested by the Commissioner of Health, and shall be liable to a fine of not more than \$100, and to imprisonment for not more than 30 days, for each offense.

# RETURN OF A BIRTH.

L. 12810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 4

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 22<sup>d</sup> 1881

4. Place of Birth, (Street and Number) 1017 E. Bayview

5. Full Name of Mother, Maggie Schellie

6. Mother's Maiden Name, Lee

7. Mother's Birthplace, Columbia Ohio

8. Full Name of Father, John Schellie

9. Father's Occupation, Clerk

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mr. B. Billingsley

Address, 1206 E. Prichard

Remarks,

Section 7c. And he it further enacted and ordained, that the Registrar of Births and Deaths, in the City of Baltimore, shall be and he is hereby authorized to cause to be printed and published a form of a certificate of birth, which shall be filled up by the Registrar, and shall be given to the mother of the child, or to the person who has the custody of the child, at the time of the birth of the child, and shall be retained by the Registrar for the purpose of being filed in the records of the City of Baltimore, and shall be subject to the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offense.

## RETURN OF A BIRTH. 102811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st of 2*

1. Sex, (state whether ~~male~~ or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 26 November*
4. Place of Birth, (Street and Number) *Chappel St. N. 1039*
5. Full Name of Mother, *Lucy Henry*
6. Mother's Maiden Name, *Lucy Dvorik*
7. Mother's Birthplace, *Bohemia*
8. Full Name of Father, *Alis Henry*
9. Father's Occupation, *Farmer*
10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, *Mary Hanlik*

Address, *E. Eager St. N. 1030*

Remarks, \_\_\_\_\_

100812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female) *boy*
2. Race or Color, (if not of the white race)
3. Date of Birth, *27 Nov.*
4. Place of Birth, (Street and Number) *1827 E. Eager St.*
5. Full Name of Mother, *Magie Evans*
6. Mother's Maiden Name, *Chailleu*
7. Mother's Birthplace, *Ball.*
8. Full Name of Father, *Edward Evans*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Ball. Miss.*
- Name of Medical Attendant, or other person who makes this Return, *Anna Walker*
- Address, *928 N. Cent. St.*
- Remarks,

Wm J O BULANY CO CITY PRINTERS AND STATIONERS



Section 7. A midwife, or other person, who, in the city of Baltimore, under the authority of the Board of Health, has been licensed to practice the art and mystery of the city of Baltimore, and who, in the city of Baltimore, has been licensed to practice the art and mystery of the city of Baltimore, shall, upon the birth of a child, report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the following information: (1) The name of the child; (2) The sex of the child; (3) The date of birth; (4) The place of birth; (5) The name of the mother; (6) The name of the father; (7) The occupation of the father; (8) The name of the medical attendant; (9) The address of the mother; (10) The name of the person who makes the return. If the person who makes the return fails to report the birth of a child to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time prescribed by law, he shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 172813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 Nov.

4. Place of Birth, (Street and Number) 1718 Chesa. St.

5. Full Name of Mother, Kate Rossmore

6. Mother's Maiden Name, Fleischer

7. Mother's Birthplace, Ball

8. Full Name of Father, John Fleischer

9. Father's Occupation, carpenter

10. Father's Birthplace, Ball

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Park St.

Remarks,



Section 7. Any person who shall be found guilty of neglecting to report the birth of a child to the Registrar of Vital Statistics, or of furnishing false information in such report, shall be liable to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 19314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) Female
  2. Race or Color, (if not of the white race) White
  3. Date of Birth, Nov. 28th 1891
  4. Place of Birth, (Street and Number) 613. West Baltimore St.
  5. Full Name of Mother, Elizabeth Turke
  6. Mother's Maiden Name, Hessmann
  7. Mother's Birthplace, Baltimore
  8. Full Name of Father, Ala Turke
  9. Father's Occupation, Satchel & Trunk Manufacturer
  10. Father's Birthplace, Lauterberg a/s. Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs. Seeboch
- Address, 735. W. Pratt St.
- Remarks, \_\_\_\_\_

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1200 G. Pearson

Section 76. And he it further enacted, that every person practicing midwifery in the City of Baltimore, who shall be charged or apprehended with the same, shall be required to register of such person, with the charge or apprehension in a book to be furnished by the City and Health. This schedule shall contain a description in full of the person, and shall be set forth as far as the same can be ascertained, the name and occupation of the person, and the name and occupation of his or her care during the year in which the same shall be conferred in full, and the date and place of the birth of every child of each and every month to the office of the Corporation in the City of Baltimore, and the attendance of a physician or practitioner in the City of Baltimore upon the same, immediately thereafter it shall be the duty of the person so required to report its birth to the Corporation in full, in the manner and within the period above required, in which such person or persons who shall hereafter comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 12516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) ..... colored

3. *Date of Birth,* 27 November

4. Place of Birth, (Street and Number) 439 Elm Place

5. Full Name of Mother, Mrs. J. Fischer

6. *Mother's Maiden Name,* May L 73 radkey

7. Mother's Birthplace, Morfolk, Virginia

8. Full Name of Father, Mr. James W. Farnsworth

9. *Father's Occupation,* Writer

10. Father's Birthplace, Wiesbaden

Name of Medical Attendant, or other person who makes this Return, Robert Gougeon 0047

Address, 509 Puelwa St

Remarks,

SECTION 7. And the Board of Health do hereby certify that every person practicing midwifery in the City of Baltimore, Maryland, under whose charge or supervision a child is born, shall be required to keep a true and correct record of the birth of every child born under his or her care, and to report the same to the Board of Health. This schedule shall enter the same on a blank schedule, to be furnished by the Board of Health, within one month, and shall set forth, as far as the same can be ascertained, the name of the mother, the date of birth, the sex, color, the full name and occupation of the parents, the date each child of any such shall have been born, and the date of the last menstrual period of the mother, and the date of the birth of the said child, and shall be signed by the practitioner of midwifery, and shall be filed in the office of the Board of Health, on the third day of each and every month, to be kept on file for the purpose of ascertaining the birth of any child shall occur without the attendance of a physician or midwife, and for the purpose of ascertaining the birth of any child attendance upon the mother, immediately thereafter it shall be the duty of the practitioner of midwifery to report its birth to the Commissioner of Health. In the manner **44** within the time herein specified, and any such person who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered by the City of Baltimore, and the costs thereof, and the said fines and costs are recoverable.

SECTION 7. And the Registrar of Health, in the City of Baltimore, under whose charge the Registrar of Health is placed, shall keep a true and correct record of the births which have occurred under his or her control, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the name of each child, its sex, color, the day of each and every month, and the date of its birth, and shall also set forth the name of the physician or other person be in attendance upon the mother, immediately thereafter it shall be the duty of the Registrar of Health, in the City of Baltimore, to cause the birth of any child to be reported to the Registrar of Health, in the City of Baltimore, and to cause the same to be entered in the record, and to cause the same to be published in the City of Baltimore, and to cause the same to be made available to the public.

JAN 4 1892  
CITY OF BALTIMORE

# RETURN OF A BIRTH.

102917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, November 27
- Place of Birth, (Street and Number) 551 Oxford St
- Full Name of Mother, Mrs Annie Griffin
- Mother's Maiden Name, Annie Carr.
- Mother's Birthplace, Boston Mass
- Full Name of Father, Mr Daniel Griffin
- Father's Occupation, Freight
- Father's Birthplace, Boston Mass
- Name of Medical Attendant, or other person who makes this Return, Mrs Kate Estance
- Address, 509 Preston St.
- Remarks,

And for it further enacted, that any person procuring witnesses to the City of Baltimore under whose charge or superintendence a birth shall hereafter be registered, who shall fail to file a true and correct copy of the same on or before the first day of the month following the birth, shall be liable to a fine of ten dollars for each offense, to be recovered in any court of law or equity, and shall be liable to the same penalty as herein provided for the same offense. And for it further enacted, that any person who shall fail to file a true and correct copy of the same on or before the first day of the month following the birth, shall be liable to a fine of ten dollars for each offense, to be recovered in any court of law or equity, and shall be liable to the same penalty as herein provided for the same offense. And for it further enacted, that any person who shall fail to file a true and correct copy of the same on or before the first day of the month following the birth, shall be liable to a fine of ten dollars for each offense, to be recovered in any court of law or equity, and shall be liable to the same penalty as herein provided for the same offense.

RETURN OF A BIRTH. 192318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 23, 1896

4. Place of Birth, (Street and Number) No. 1527 Greenleaf St.

5. Full Name of Mother, Elizabeth R. Hughes

6. Mother's Maiden Name, Elizabeth R. Robertson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Franklin R. Hughes

9. Father's Occupation, Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Reported by request. none

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

Section 10. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to a fine of ten dollars for each offense committed by him or her in violation of the provisions of this section. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to a fine of ten dollars for each offense committed by him or her in violation of the provisions of this section. And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician, shall be liable to a fine of ten dollars for each offense committed by him or her in violation of the provisions of this section.

# RETURN OF A BIRTH. 102319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race)

3. Date of Birth, 27 Nov.

4. Place of Birth, (Street and Number) 925 Eden st.

5. Full Name of Mother, Mag. Vappenburger

6. Mother's Maiden Name, - Goeby

7. Mother's Birthplace, Balt.

8. Full Name of Father, Joseph Vappenburger

9. Father's Occupation, -

10. Father's Birthplace, Balt. county

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 728 N. Cent. Av.

Remarks,

Section 2. Not to be further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall be required to keep a list of the names of the children born in the City of Baltimore under such license, and shall enter the name of each child, its sex, color, the date and place of birth, and the name of the mother, in a book to be kept in the office of the Registrar of Vital Statistics, and shall deliver a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, and shall be liable to the attendance of a physician or other person authorized by the Registrar of Vital Statistics to report its birth to the City of Baltimore, and within the period above required, and any such person or persons who shall be guilty of any offense under the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, and other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

JAN 5 1892  
OFFICE OF THE REGISTRAR OF VITAL STATISTICS

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3L

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 18<sup>th</sup> 1891

4. Place of Birth, (Street and Number) 114 Hanover St.

5. Full Name of Mother, Louise Belle Wagner

6. Mother's Maiden Name, Moore

7. Mother's Birthplace, N. Hester N. York State

8. Full Name of Father, Wm H. Wagner

9. Father's Occupation, Clerk, P.M. & B.R.

10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Hanover St.

Remarks,



105321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (State whether male or female) *Female*  
2. Race or color, (if not of the white race)  
3. Date of Birth, *November 29<sup>th</sup> 1891*  
4. Place of Birth, (Street and Number) *316 N. Front St.*  
5. Full Name of Mother, *Maggie A. Appert*  
6. Mother's Maiden Name, *" " Smith*  
7. Mother's Birthplace, *Buttles Co.*  
8. Full Name of Father, *George E. Appert*  
9. Father's Occupation, *Butcher*  
10. Father's Birthplace, *Washington*  
Name of Medical Attendant, or other person who makes this Return. *Howard E. Silver, M.D.*  
Address, *1427 E. Dayton St.*  
Remarks, ...

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

SECTION 1. Any person who shall be convicted of the crime of kidnapping in the City of Baltimore, and who shall be sentenced to a term of imprisonment in the City of Baltimore, shall be liable to the City of Baltimore for the cost of his or her maintenance and support during the term of his or her imprisonment. The City of Baltimore shall be entitled to recover the cost of the maintenance and support of any person who shall be convicted of the crime of kidnapping in the City of Baltimore, and who shall be sentenced to a term of imprisonment in the City of Baltimore, from the person or persons who shall be liable to the City of Baltimore for the cost of his or her maintenance and support during the term of his or her imprisonment. The City of Baltimore shall be entitled to recover the cost of the maintenance and support of any person who shall be convicted of the crime of kidnapping in the City of Baltimore, and who shall be sentenced to a term of imprisonment in the City of Baltimore, from the person or persons who shall be liable to the City of Baltimore for the cost of his or her maintenance and support during the term of his or her imprisonment.



## RETURN OF A BIRTH. 910222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c*

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race*

3. *Date of Birth*

4. *Place of Birth, (Street and Number*

5. *Full Name of Mother.*

6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father*

9. *Father's Occupation.*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

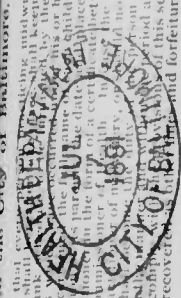
*Address,*

Remarks

[illegible]

SECTION 7. And he it further enacted and ordained, that the Registrar of Births, whose charge or superintendence a birth shall be reported to, shall keep a true and correct record of the same, and shall set forth as far as the same can be ascertained, the sex, color, the full name and occupation of the mother, the day of each and every month in which the birth of a child shall occur without the attendance of a physician, and the day of each and every month in which the birth of a child shall occur with the attendance of a physician, and shall report its birth to the Commissioner of Health, and shall cause the same to be entered in the book provided above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered by the City of Baltimore, and forfeitures are recoverable.

RECORD OF BIRTHS, SECTION 7, TO THE CITY OF BALTIMORE.



RETURN OF A BIRTH. A 172923  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29 June 1891

4. Place of Birth, (Street and Number) 1415 E. Pratt St

5. Full Name of Mother, Sarah Zeffa

6. Mother's Maiden Name, " Zoskin

7. Mother's Birthplace, Russia

8. Full Name of Father, Moses Zeffa

9. Father's Occupation, Store-keeper

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albernarle St

Remarks, \_\_\_\_\_

100-10524

A

1930

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3  
 Sex, (state whether male or female) Female  
 Race or Color, (if not of the white race) White  
 Date of Birth, 28 June  
 Place of Birth, (Street and Number) 1425 Blue Bell St. Springfield  
 Full Name of Mother, Clara Feige Gafar  
 Mother's Maiden Name, Sara Feige Salawerigick  
 Mother's Birthplace, Charrie Russian  
 Full Name of Father, Mack Gafar  
 Father's Occupation, Tinner  
 Father's Birthplace, Ponoch Russian  
 Name of Medical Attendant, or other person who makes this Return, E. Kleiman  
 Address, 1177 E. Lombard St.  
 Remarks,

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks,

SECTION 5. A Record of Vital Statistics, hereinafter called the "Record," shall be kept by the Commissioner of Health, in the City of Baltimore, under whose direction and control the said Record shall be kept, and the said Record shall be a public document, and shall be open to the inspection of all persons. The Record shall contain a list of all persons born in the City of Baltimore, and shall set forth, under the name of each child, the name of the mother, the date and place of birth, and the date and place of death, and the date and place of burial, and the date and place of removal to another place of residence. In case the birth of a child shall occur without the presence of a physician, or shall occur without the attendance upon the mother, immediately upon the birth of the child to report its birth to the Commissioner of Health, in the City of Baltimore, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars or each offense, to be recovered as other fines and forfeitures are recovered.

44-38861-26

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,

Address,

Remarks,

[illegible]

102322

Record of Vital Statistics in the City of Baltimore.

[illegible]

WPA J. O. DULANY CO CITY PRINTERS AND STATIONERS

A circular stamp from the Baltimore Health Department. The outer ring contains the text "HEALTH DEPARTMENT" at the top and "CITY OF BALTIMORE" at the bottom. In the center, the date "JUL 1991" is stamped. There is some faint, illegible text within the stamp, possibly a signature or initials.

Remarks, .....



RETURN OF A BIRTH. A. 102829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....4<sup>th</sup>

1. Sex, (state whether male or female)... *Female*

Race or Color, (if not of the white race) White

3 Date of Birth, June 29 1891

Place of Birth, (Street and Number) *Eastman 2001*

5. Full Name of Mother, Alvina Ekenberg

5. Mother's Maiden Name, Alwine Lockman

7. Mother's Birthplace, *German*

8. Full Name of Father, *Glenrick Sakenberg*

9. Father's Occupation, *Lawyer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 113 Eastern Ave

Remarks,



To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. *Date of Birth*, June 29, 1887

4. *Place of Birth, (Street and Number)* 1432 Hill St.

5. Full Name of Mother, Barbara M. Chapman

6. *Mother's Maiden Name*,.....

7. *Mother's Birthplace*, .....

8. Full Name of Father, David H. Jones

9 Father's Occupation, Unemployed

10 *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return, .....

Address, .....

Remarks, .....

WM. J. O. BULANY CO CITY PRINTERS AND STATIONERS

10331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female)..... "Male"

2. *Race or Color, (if not of the white race)*

Date of Birth, June 28 - 1871

Place of Birth, (Street and Number) 131 Gough St.

5. Full Name of Mother, Jennice Worthless

6. *Mother's Maiden Name,*.....*Clayton*

7. Mother's Birthplace, ..... Baltimore

8. Full Name of Father, Walter B. Smith

9. Father's Occupation, Concrete Work

10. *Father's Birthplace,* ..... *Prussia* .....

Name of Medical Attendant, or other person who makes this Return, ..... H. W. G. ...

Address, 1427 Oak St.

Remarks,

[illegible]

Record of Vital Statistics, DEPARTMENT of Baltimore.

## RETURN OF A BIRTHAL 10232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female)..... Male
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... 23rd June;
4. Place of Birth, (Street and Number)..... From No. 1234,
5. Full Name of Mother,..... Helena Kheiminska.
6. Mother's Maiden Name,..... Lubanska.
7. Mother's Birthplace,..... Germany.
8. Full Name of Father,..... J. C. Kitchinski
9. Father's Occupation,..... Laborer.
10. Father's Birthplace,..... Germany.
- Name of Medical Attendant, or other person who makes this Return,..... J. S. Lieberman,
- Address,..... 1224 Kane Street.
- Remarks,.....

176833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3. *Part of Bill*

**Record of Vital Statistics in the City of Baltimore.**

Section 7. And be it further enacted and ordained, that hereafter, no person shall be registered as the father or mother of a child, nor shall any person be registered as the registrar of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the names of the persons who shall have a right to register such birth, and shall be so numbered, that the full name of each child and the month and day of its birth, the date and place of birth, and the date and place of its death, shall be ascertained. The said schedule shall be delivered, duly signed by the practitioner in the form prescribed, to the Commissioner of Health, on or before the birth of any child, on the first day of each and every month to the office of said Commissioner, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable by such to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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[illegible]

SECTION 7. And, be it further enacted and ordained that every person practicing medicine in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a book, and correct register of such birth, and shall enter the same on a blank schedule, which shall be provided for that purpose, and shall set forth as far as the same can be ascertained the full name of the child, the date of birth, the sex, color, the full name and occupation of its parents, the place of birth, and the day of each month to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Record of Vital Statistics in the City of Baltimore.

## RETURN OF A BIRTH.

19235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11th 1891
4. Place of Birth, (Street and Number) 949 Charles st
5. Full Name of Mother, Katerina Rodomichky
6. Mother's Maiden Name, Rodomichky
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Vesicle Jonak
9. Father's Occupation, Taylor
10. Father's Birthplace, Bohemia
- Name of Medical Attendant, or other person who makes this Return, Mary Kofitz
- Address, 205 N Washington st
- Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*,..... September 10<sup>th</sup> 1891

4. Place of Birth, (Street and Number) *A Wolf street 912*

5. Full Name of Mother, Kozarise, Tshora

6. *Mother's Maiden Name,*.....*Liukova*

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Samuel Hadek

9. *Father's Occupation,* Teacher

10. *Father's Birthplace,* Baher man

Name of Medical Attendant, or other person who makes this Return. Mary Rofus

Address, 900 N. Washington St.

Remarks,

[illegible]



RETURN OF A BIRTH 102087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,

[illegible]



A-102338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 6th

1. Sex, (state whether male or female) ..... Female

2. Race or Color, (if not of the white race) White

3. *Date of Birth,* Sept 19

4. Place of Birth, (Street and Number) 237 S. 17th St.

5. Full Name of Mother, Lara B. Henderson

6. *Mother's Maiden Name,* W. J. Lane

7. *Mother's Birthplace.* *Rock Bridge, Mo.*

8. Full Name of Father. *Edmund J. [unclear]*

9. *Father's Occupation* \_\_\_\_\_

10. Father's Birthplace *Balt. City, Md.*

Name of Medical Attendant, or other person who makes this Return. *Chas. A. Davenport*

Address, 225 Nassau St.

Remarks, *... and Pale bones*

Well

00. CITY PRINTER AND STATIONERS

LD 239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, September, 18, 1891

4. *Place of Birth, (Street and Number)* 642 Rachel St

5. Full Name of Mother, Pauline 1915

6. *Mother's Maiden Name,* *Charles Williams*

7. Mother's Birthplace,.....

8. Full Name of Father, Malcolm Watson

9. Father's Occupation, laborer

10. Father's Birthplace, Centerville Mo

Name of Medical Attendant, or other person who makes this Return, Lowell Low

Address, 642 Pacific St - City

Remarks, .....

[illegible]

## RETURN OF A BIRTH. 10240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 *Kind*

1. Sex, (state whether male or female) Meichen

2. Race or Color, (if not of the white race)..... *Negro*

3. Date of Birth, September 20, 1880

4. Place of Birth, (Street and Number) James str. 1522

5. Full Name of Mother, Marie Fischl

6. Mother's Maiden Name, Marie Villet

7. Mother's Birthplace, Taiwan

8. Full Name of Father, Elli Tischler

9. *Father's Occupation,* Bakers

10. *Father's Birthplace,* Böhmen

*Name of Medical Attendant*, or other person who makes this Return, \_\_\_\_\_

Address, Marie Trull

Remarks, *T. Pond Fr. 838*

1141

[illegible]

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Sept 7 1891

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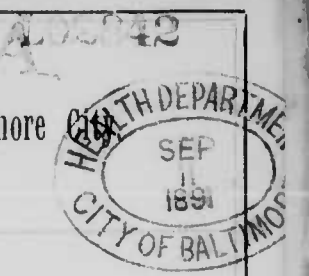
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SECTION 2. And to all mothers, midwives, and persons who shall be employed by any person or persons to attend upon the birth of a child, it is hereby enacted, that every such person shall, within the time herein provided, file and deliver to the Registrar of Vital Statistics, a true and correct copy of a certificate of birth, in the form and to the effect hereinafter set forth, which shall be signed by the person or persons attending upon the birth of such child, and shall be subject to the inspection and audit of the Registrar of Vital Statistics, and shall be subject to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore



No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Caucasian

3. Date of Birth, Sept 5 - 1891

4. Place of Birth, (Street and Number) Baltimore No 11 Dulaney St

5. Full Name of Mother, Calista Bayne

6. Mother's Maiden Name, Calista Jackson

7. Mother's Birthplace, St. Mary's County

8. Full Name of Father, Calvin Bayne

9. Father's Occupation, Stevenson

10. Father's Birthplace, St. Mary's County

Name of Medical Attendant, or other person who makes this Return, John W. Patterson

Address, 117 Chesnut St

Remarks, doing reasonably well

ST. JAMES A. REGENT OF VITAL STATISTICS, BALTIMORE, MD. IN THE CITY OF BALTIMORE, MD. I hereby certify that the foregoing is a true and correct copy of the original record of the birth of the child named above, as the same appears in the records of the City of Baltimore, MD. and that the same has been duly filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

# RETURN OF A BIRTH A02343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The 4th child*

1. Sex, (state whether male or female) *Male child*

2. Race or Color, (if not of the white race) *Color child*

3. Date of Birth, *The 4 of September 1891*

4. Place of Birth, (Street and Number) *223 York street*

5. Full Name of Mother, *Mother Robt*

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, *for Jinger*

8. Full Name of Father, \_\_\_\_\_

9. Father's Occupation, \_\_\_\_\_

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, *William Gross*

Address, *229 York street*

Remarks, \_\_\_\_\_

[illegible]

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Amanda ~~Ehoffs~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one the third

1. Sex, (state whether male or female)..... *female*

2. *Race or Color, (if not of the white race)*

3. Date of Birth, September 30<sup>th</sup> 1891

4. Place of Birth, (Street and Number) 712 Hanwell str

5. Full Name of Mother, Emilie Eugene Choate

6. *Mother's Maiden Name*,.....

7. *Mother's Birthplace,* Germany

8. Full Name of Father, August Eduard Eshel

9. *Father's Occupation.* Cabinet maker

10. Father's Birthplace, *Minimind Regierungs = Bezirk Marienwerder Posen*

Name of Medical Attendant, or other person who makes this Return Ballouene M. M. M. M.

Address, 800 Seabrook Hall St.

Remarks, .....

Not to be filled out by the Registrar, but by the attending physician or midwife, or other person who has attended the birth of the child, and who is qualified to certify to the facts stated therein. This certificate shall be filed in the office of the Registrar, and shall be a part of the record of the birth of the child. It shall be the duty of the attending physician or midwife, or other person who has attended the birth of the child, to fill out this certificate, and to sign it, and to file it in the office of the Registrar, as soon as possible after the birth of the child. It shall be the duty of the Registrar to file this certificate in the office of the Registrar, and to keep it as a part of the record of the birth of the child. It shall be the duty of the Registrar to keep this certificate as a part of the record of the birth of the child, and to make it available to the public, as provided by law.

105345  
**RETURN OF A BIRTH.**  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6<sup>th</sup>  
Sex, (state whether male or female) Male  
Race or Color, (if not of the white race) Colored  
Date of Birth, 20<sup>th</sup> Sept 1891  
4. Place of Birth, (Street and Number) 217 Bethel Street  
5. Full Name of Mother, Lanah Marshall  
6. Mother's Maiden Name, Sarah Stafford  
7. Mother's Birthplace, Los Angeles, Cal.  
8. Full Name of Father, William Marshall  
9. Father's Occupation, Merchd.  
10. Father's Birthplace, Charles Co. Md.  
Name of Medical Attendant, or other person who makes this Return, Barline Ballou  
Address, 117 E. Howard St.  
Remarks, Still as born & expected



10-43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) white

3. Date of Birth, September 29<sup>th</sup> 1891

4. Place of Birth, (Street and Number) No. 203 Millington Ave.

5. Full Name of Mother, Mary Hammenwelb

6. *Mother's Maiden Name,* Mary Miller

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A. B. and C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

9. *Father's Occupation:* Butcher

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return.

Address, ..

Remarks,

105847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) \_\_\_\_\_
2. Race or Color, (if not of the white race) \_\_\_\_\_
3. Date of Birth, 29 Sept. 1885 \_\_\_\_\_
4. Place of Birth, (Street and Number) 35 Green St. 662 \_\_\_\_\_
5. Full Name of Mother, John S. Green \_\_\_\_\_
6. Mother's Maiden Name, John \_\_\_\_\_
7. Mother's Birthplace, Balt. \_\_\_\_\_
8. Full Name of Father, John S. Green \_\_\_\_\_
9. Father's Occupation, night clerk \_\_\_\_\_
10. Father's Birthplace, — \_\_\_\_\_

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks,

[illegible]

102248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Gene

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29 April 1891

Apr 13 N. Stock, W.

Elizabeth Thompson

.....

Gennen

Henry H. Magill

Howe & Howe

her men

or other person who makes this Return, Suzan Hunter

23rd September 58

WM J. G. DULANY CO CITY PRINTERS AND STATIONERS

[illegible]

## RETURN OF A BIRTH. 195343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. *Date of Birth*, ..... 29 Sept 1891

4. *Place of Birth, (Street and Number)* 108 East Dallas St

5. Full Name of Mother, Martha (Mama) Williams

6. Mother's Maiden Name, Margaretta Pfeiffer

7. *Mother's Birthplace,* A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

8. Full Name of Father, John Lewis Rich

9. *Father's Occupation,* Baltimore, Md.

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lyle C. Handberg

Address, 26 S. Regester, St. Paul

Remarks, *Martha Reed*

[illegible]

105850

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Mary & Maceriere

Mary E. Hamillton

Bath.

S. J. Macerillo

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Palto

Mary A. Pertner

24, S. Chester,

7/12/1913

1000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2

1. Sex, (state whether male or female) *boy*
2. Race or Color, (if not of the white race)
3. Date of Birth, *27 Sept.*
4. Place of Birth, (Street and Number) *348 5<sup>th</sup> St. S.W.*
5. Full Name of Mother, *Marie Gaa*
6. Mother's Maiden Name, *Roth*
7. Mother's Birthplace, *Germania*
8. Full Name of Father, *Jacob Gaa*
9. Father's Occupation, *carpenter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Anna Walker*
- Address, *928 E. 6th St.*
- Remarks,

44-38861-103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

W. J. Kinder.

Medchen

Vaj's

26 September

717 S. Caroline St.

Lurice Lightman

Levi & Nathan

Baltimore

Thos Lightenau

Stivison

Baltimore.

person who  
is Return,  
Marie Presl.

L. Bond & Tr. 838

S. Bond & Co. 8.38



# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3 Kind.

1. Sex, (state whether male or female).

Rich

2. *Race or Color, (if not of the white race).*

Vari

*Date of Birth,*

25<sup>th</sup> September 1891

Place of Birth, (Street and Number)

1440 S. Caroline St.

Full Name of Mother,

Meri Fucinski

6. *Mother's Maiden Name,*

Meri Selcuk

7. *Mother's Birthplace,*

Mugger's

8. *Full Name of Father,*

Joseph ~~Prucins~~ Prucinski

9. *Father's Occupation,*

Shivore

10. *Father's Birthplace,*

Magari si.

*Name of Medical Attendant,* or other person who makes this Return, \_\_\_\_\_

Marie Perle

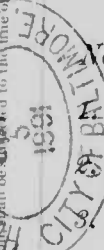
Address,

Remarks,

Al. Bond for 838

[illegible]

Section 7. And he it further enacted, that the Registrar of Births shall keep a record of the births which have occurred under his or her care during the month, and shall file a copy of the same in the office of the Registrar of Births. This section shall contain a list of the births which have occurred under his or her care during the month, and shall file a copy of the same in the office of the Registrar of Births. In case the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, the Registrar of Births shall require the parent or person who shall be in attendance upon the mother, immediately thereafter to file a certificate between the first and third day of each and every month in which the birth of any child shall occur without the attendance of a Physician or practitioner of medicine, in the manner and within the time required by law, and any such person or persons who shall be in attendance upon the mother, in the manner and within the time required by law, shall be liable to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recovered.



# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st  
Sex, (state whether male or female) Male  
Race or Color, (if not of the white race) White  
Date of Birth, Sept 23 1891  
Place of Birth, (Street and Number) 824 N Guilmore St  
Full Name of Mother, Lucy May Cook  
Mother's Maiden Name, Wright  
Mother's Birthplace, Caroline Co Va  
Full Name of Father, Douglas L Cook  
Father's Occupation, Engineer  
Father's Birthplace, Canal Co Md  
Name of Medical Attendant, or other Person who makes this Return, Dr Geo Fetterhoff  
Address, 905 N Guilmore St  
Remarks, Normal

# RETURN OF A BIRTH A100056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, sept 22 1891
- Place of Birth, (Street and Number) Baltimore whatcoat st. 1126
- Full Name of Mother, annie Douglas
8. Mother's Maiden Name, annie tildon
7. Mother's Birthplace, harford county
8. Full Name of Father, Robert Douglas
9. Father's Occupation, water wailer
10. Father's Birthplace, hol kiper Va
- Name of Medical Attendant, or other person who makes this Return. maria jones
- Address, whatcoat st 1337
- Remarks, \_\_\_\_\_

And be it further enacted, that every person practicing medicine in the City of Baltimore, who is not a member of the Maryland Medical Association, shall be liable to a fine of ten dollars for each offense, if he or she fails to comply with the provisions of this section. And be it further enacted, that every person practicing medicine in the City of Baltimore, who is not a member of the Maryland Medical Association, shall be liable to a fine of ten dollars for each offense, if he or she fails to comply with the provisions of this section. And be it further enacted, that every person practicing medicine in the City of Baltimore, who is not a member of the Maryland Medical Association, shall be liable to a fine of ten dollars for each offense, if he or she fails to comply with the provisions of this section.

Return of Birth. This schedule shall contain a list of the births occurring in the city of Baltimore, under whose charge or supervision a birth shall have taken place, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth. This schedule shall contain a list of the births occurring in the city of Baltimore, under whose charge or supervision a birth shall have taken place, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth. This schedule shall contain a list of the births occurring in the city of Baltimore, under whose charge or supervision a birth shall have taken place, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after the birth.

RETURN OF A BIRTH. <sup>A</sup> 102838  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*  
1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *14 September 1891*  
4. Place of Birth, (Street and Number) *11 Broadway St.*  
5. Full Name of Mother, *Josephine Chalkovsky*  
6. Mother's Maiden Name, *Josephine Saksenska*  
7. Mother's Birthplace, *Prus*  
8. Full Name of Father, *Wip Chalkovsky*  
9. Father's Occupation, *Drbajtr*  
10. Father's Birthplace, *Prus*  
Name of Medical Attendant, or other person who makes this Return, *Marie Press*  
Address, *11 Broad St. 838*  
Remarks,

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LC 359

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, ..... 12 of Sept 1891

4. Place of Birth, (Street and Number) 1475 Garrett Ave. Lowest Point

5. Full Name of Mother, ..... Annie Marie ~~Archer~~ Pennally

6. *Mother's Maiden Name,* Anie Marie Becker

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Capt. H. A. Permalis

9. Father's Occupation, Engineer

10. Father's Birthplace, Richmond Virginia

Name of Medical Attendant, or other person who makes this Return.

Address, Line Lane 1497 Garrett, Louisville, Ky.

Remarks, .....

14-00000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 4

1. Sex, (state whether male or female) *Female*

2 Race or Color, (if not of the white race)

3- Date of Birth,

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, .....

Remarks,

[illegible]

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schedule. And he it further enacted and ordained that every person who registers of such birth, and shall enter the same on the thirty-first day after the birth of such child, shall contain a list of the following particulars: To-wit: The name of the father; the name of the mother; the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health, at the time of the birth of any child, third day of each and every month to the office of the Commissioner of Health, or to a physician or practitioner of medicine, authorized to attend upon the mother immediately preceding the birth of such child, on or before the first day of the next ensuing month. If either the father or mother of such person or persons who shall hereafter fail to comply with the provisions of this section shall be sentenced to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- WM J C DULANEY CO CITY PRINTERS AND STATIONERS



100-363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race).....

3. *Date of Birth*, ..... 19<sup>th</sup> of November 1951

4. *Place of Birth, (Street and Number)* M. J. O'Sullivan Road, N. Y.

5. Full Name of Mother, Loria G. Schardt

6. *Mother's Maiden Name*,.....*Anna Heinrich*

7. *Mother's Birthplace*, .....

8. *Full Name of Father,* ..... William G. Galt

9. *Father's Occupation,* Carpenter

10. *Father's Birthplace*, .....

Name of Medical Attendant, or other person who makes this Return, ... Dr. J. M. Dyer

Address,..... 2116 West Pratt St.

Remarks, \_\_\_\_\_

Section 2. Any person who shall neglect or refuse to report the birth of a child to the Office of Registrar of Vital Statistics, or who shall neglect or refuse to furnish the information required by the Commissioner of Health, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. <sup>1-1-1904</sup> A.  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, July 1st 1904

4. Place of Birth, (Street and Number) 147 N. 1st St. Baltimore

5. Full Name of Mother, Catharine Ann Smith

6. Mother's Maiden Name, Catharine M. Jones

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Robert J. Smith

9. Father's Occupation, Electrician

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this return, Catharina W. Smith

Address, 800 Seaboard St

Remarks, \_\_\_\_\_

365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) *Boy*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *September 18th 1891.*  
4. Place of Birth, (Street and Number) *Granbhin st No 238.*  
5. Full Name of Mother, *Barbara Lutz*  
6. Mother's Maiden Name, *Lutz*  
7. Mother's Birthplace, *Germany*  
8. Full Name of Father, *John Kunz*  
9. Father's Occupation, *Taylor*  
10. Father's Birthplace, *Germany*  
Name of Medical Attendant, or other person who makes this Return, *Mary Johnson*  
Address, *205 N Washington st,*  
Remarks, \_\_\_\_\_

15055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,

[illegible]

Over

100-867

Name: James Thomas Klina

3

1. Sex, (state whether male or female) *Male*  
2. Race or Color, (if not of the white race) *White*  
3. Date of Birth, *September 18th 1891*  
4. Place of Birth, (Street and Number) *816 Chapin St.*  
5. Full Name of Mother, *Anna Klimma*  
6. Mother's Maiden Name, *Petr*  
7. Mother's Birthplace, *Boheimian*  
8. Full Name of Father, *Charles (Karel) Klimma*  
9. Father's Occupation, *Bricklayer Tailor*  
10. Father's Birthplace, *Boheimian*  
Name of Medical Attendant, or other person who makes this Return, *Neary Kofus*  
Address, *205 No Washington St.*  
Remarks, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, McCurry, B. O. Jr.

Address, 205 No Washington St.

Remarks, .....



## RETURN OF A BIRTH 33-369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)..... Hebrew

3. Date of Birth, Sept 28 1941

Place of Birth, (Street and Number) 8 S. Eden St

Full Name of Mother, *Bluma Chaslowitz*

Mother's Maiden Name, Blaine Glaz

7. Mother's Birthplace, Primo Russia

8. Full Name of Father, Benjamin Moserovich

9. Father's Occupation, Shoe maker

10. Father's Birthplace, Taswell, Russia

Name of Medical Attendant or other person who makes this Return. Wm. H. Brown

Address, 117 E Lombard St

Remarks, .....

## 105050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c )

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* .....

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,

WM. J. O DULANY &amp; CO , CITY PRINTERS AND STATIONERS



## RETURN OF A BIRTH. 18870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c)..... 320

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother*

€ *Mother's Maiden Name*

### 7. *Mother's Birthplace.*

8. *Full Name of Father*

### 9. *Father's Occupation*

10. *Father's Birthplace.*

*Name of Medical Attendant,* or other person who makes this Return.

Address.

Remarks

100-100000

21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether male or female~~)

Race or Color, (if not of the white race) White

Date of Birth, Septbr. 27<sup>th</sup> 91

4. Place of Birth, (Street and Number) <sup>1526</sup> Boyle St. / Least B. ind

5. Full Name of Mother, ... Katie Fever Croke

6. Mother's Maiden Name, Katie Fewer

7. Mother's Birthplace, Ireland

8. Full Name of Father, Richard Brooke

9. *Father's Occupation,*     Laborer    

10. Father's Birthplace, Mass.

Name of Medical Attendant, or other person who makes this Return, Dr. Jos. Hengeler 1538 Fort Ave.

*Address,*

Remarks,

14-00000

timore City.

.)

1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *white*  
3. Date of Birth, *September 23 1891*  
4. Place of Birth, (Street and Number) *No. 512 E. 12th St. Phila.*  
5. Full Name of Mother, *Emma Elger*  
6. Mother's Maiden Name, *Emma Thomas*  
7. Mother's Birthplace, *Baltimore*  
8. Full Name of Father, *Charles Elger*  
9. Father's Occupation, *Labourer*  
10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, .....

Address, .....

Remarks, .....

GIVEN NAME ADDED 3-26-58

LN 33

Edna Virgie Campbell

Sex, (state whether male or female)

Female  
Color

Sept 23 1891

624 Smith st

John D. Campbell

See L Thomas.

born in Calvert County

Edward Campbell

Waiter

Born in 17th

Mary E. Holmes

908 Beach alley

[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

*Address,*

Remarks,

RETURN OF A BIRTH 19275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 825

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. *Date of Birth,* ... *Feb. 15/91*

4. Place of Birth, (Street and Number) 1421 Mc Elderry St

5. Full Name of Mother, Sarah A. Freeman

6. *Mother's Maiden Name,* *Phyllis*

7. *Mother's Birthplace,* *Balt.*

8. Full Name of Father, Frank. A. Forman

9. *Father's Occupation,* Carpenter & Builder

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Edmund R. Davis

Address, *208 Cambridge St*

Remarks,

RETURN OF A BIRTH 1976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks,

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks,



## 15879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return, .

Address,

Remarks,

[illegible]

Section 100. Any person who shall neglect or refuse to comply with the provisions of this article, or who shall knowingly furnish false information, shall be liable to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 12878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Oct. 5th 1911

4. Place of Birth, (Street and Number) 1804 Bayford av

5. Full Name of Mother, Marjot. Mues

6. Mother's Maiden Name, Zimmerman

7. Mother's Birthplace, Balt

8. Full Name of Father, Henry. A. Mues.

9. Father's Occupation, Bricklayer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Edmund J. McDevitt

Address, 208 Annapolis

Remarks, \_\_\_\_\_

L-02878 1/2

3 children.

Mr. A. L.

Colonel

Oct 23 1891

Baltimore Md Carlton St 1051

Mr. Rosa Reddicks

Rosa West

Gloster Co. Virginia

Mr Richard Henry Reddick

Tulloch Co Virginia

Stevens on Steamers & Boats

Sarah E. Holt

2206 Edling St.

Remarks, .....

## RETURN OF A BIRTH. A 579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.)

1. Sex, (state whether male or female) *Female*  
2. Race or Color, (if not of the white race) *Colored Race*  
3. Date of Birth, *7<sup>th</sup> of Oct*  
4. Place of Birth, (Street and Number) *address 15-29 Bolton alley*  
5. Full Name of Mother, *Mrs E. Lige Ellen Lewis*  
6. Mother's Maiden Name, *Miss E. Lige Ellen Shelby*  
7. Mother's Birthplace, *Easton Shore Md*  
8. Full Name of Father, *William Lewis*  
9. Father's Occupation, *Driving*  
10. Father's Birthplace, *Petersburg Va.*  
Name of Medical Attendant, or other person who makes this Return. *Sarah E. Net*  
Address, *2206 Etting St.*  
Remarks,

## RETURN OF A BIRTH. 18380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. *Date of Birth*, ..... November 14<sup>th</sup> 1899

4. *Place of Birth, (Street and Number)* 902 E. Preston Street

5. Full Name of Mother, Kate Casey

6. *Mother's Maiden Name,* Kate Mulline

7. *Mother's Birthplace,* Albany Brooklyn N.Y. USA

8. Full Name of Father, Joseph Case

9. *Father's Occupation.*

10. *Father's Birthplace,*..... Baltimore

Name of Medical Attendant, or other person who makes this Return, J. C. Gilchrist Surgeon & Physician

Address, 1301 Valley street

Remarks, ..... Full Time ..... Health .....

Section 7. And he or she who shall deliver a child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Health. This schedule shall contain a list of the births which have occurred under this act, or have occurred during the year, and shall be kept in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. The Registrar shall be authorized to ascertain the full name of each child, if any, shall have been conferred its sex, color, the full name of the mother, the full name of the father, the date of birth, the place of birth, the full name of the mother, the mother's maiden name, the mother's birthplace, the full name of the father, the father's occupation, the father's birthplace, the name of the medical attendant, or other person who makes this return, the address, and the remarks, and shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*Mary Cordelia Reid*  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c) \_\_\_\_\_

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Yellow*

3. Date of Birth, *21st Nov - 1891*

4. Place of Birth, (Street and Number) *614 S. Fremont St*

5. Full Name of Mother, *Harriet Reid*

6. Mother's Maiden Name, *Harriet Reid*

7. Mother's Birthplace, *East Lothian*

8. Full Name of Father, *Edmund Reid*

9. Father's Occupation, *Printer*

10. Father's Birthplace, *Norfolk Va*

Name of Medical Attendant, or other person who makes this Return.

Address, *Angling, Md*

Remarks, \_\_\_\_\_

Not to be filled out by the Registrar of Vital Statistics, Board of Health, Baltimore City. This schedule shall contain a list of the births which have occurred in the city of Baltimore during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date and place of birth, and the sex, race or color, the name of the mother, the name of the father, the name of the physician or midwife, or other person in attendance upon the mother, immediately after the birth, and the name of the medical attendant, or other person who makes this return. This schedule shall be delivered, duly signed by the Registrar, to the Commissioner of Health, in case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) \_\_\_\_\_
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *color*
3. Date of Birth, *17 Oct 1901*
4. Place of Birth, (Street and Number) *209 Montgomery St*
5. Full Name of Mother, *Maeger Bolden*
6. Mother's Maiden Name, *Malgie Reed*
7. Mother's Birthplace, *Virginia*
8. Full Name of Father, *Edward Bolden*
9. Father's Occupation, *Coal Packer*
10. Father's Birthplace, *Cambridge Ind*
- Name of Medical Attendant, or other person who makes this Return, \_\_\_\_\_
- Address, *Angeline Hickson*
- Remarks, \_\_\_\_\_

102883

ore City

4. ....

Male

Colored

7<sup>th</sup> November

2117. Collins St -

Addie M. Hainer

Addie In Lombard

Frederick Loitz M. D.

Harry W. Hoise

Harry A. ...

Baltimore Suite 208

Sarah E. Del-

Other Person who takes this Return. *Sarah C. Lee*  
*2206 Elmira Street*

2206 Spring Street

[illegible]



Notwithstanding any other law, every person practicing medicine in the State of Maryland, who shall enter the name of a child born in this State, and who shall not be a duly licensed physician, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. *A 10284*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9<sup>th</sup>*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *16<sup>th</sup> November 1891*
4. Place of Birth, (Street and Number) *2207 Brunt St.*
5. Full Name of Mother, *Mary Melina Williams*
6. Mother's Maiden Name, *Mary Celina Walker*
7. Mother's Birthplace, *West River*
8. Full Name of Father, *Robert Henry Williams*
9. Father's Occupation, *Coachman*
10. Father's Birthplace, *Madison County Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Sarah E. Pitt*
- Address, *2206 E. 11<sup>th</sup> St.*
- Remarks, \_\_\_\_\_

Section 7. And be it further enacted, that any person practicing midwifery in the City of Baltimore under whose charge or supervision a birth shall be recorded, who shall fail to file a birth certificate, to be furnished by the Commissioner of Health, within the time prescribed, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 102885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 20 1895

4. Place of Birth, (Street and Number) 2137. Division St.

5. Full Name of Mother, Mary Bailey

6. Mother's Maiden Name, Pisler

7. Mother's Birthplace, Baltimore

8. Full Name of Father, E. J. Bailey

9. Father's Occupation, Collector

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah E. Det

Address, 2206 Ething St.

Remarks, \_\_\_\_\_

# RETURN OF A BIRTH. 10286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 22. 91

4. Place of Birth, (Street and Number) 115 W Lombard St

5. Full Name of Mother, Annie Carter

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, Pa.

8. Full Name of Father, \_\_\_\_\_

9. Father's Occupation, \_\_\_\_\_

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, Wm. J. C. Dulany

Address, \_\_\_\_\_

Remarks, \_\_\_\_\_

Register of Births. Such fee as the Registrar may determine shall be charged for each birth certificate. The Registrar shall keep a list of all birth certificates issued, and shall be responsible for the same. If any birth certificate is lost or destroyed, the Registrar shall issue a duplicate thereof, and the fee for such duplicate shall be ascertained by the Registrar. The Registrar shall also keep a list of all birth certificates issued, and shall be responsible for the same. If any birth certificate is lost or destroyed, the Registrar shall issue a duplicate thereof, and the fee for such duplicate shall be ascertained by the Registrar. The Registrar shall also keep a list of all birth certificates issued, and shall be responsible for the same. If any birth certificate is lost or destroyed, the Registrar shall issue a duplicate thereof, and the fee for such duplicate shall be ascertained by the Registrar.

## RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 21 - 9

4. Place of Birth, (Street and Number) 115 W Lombard St.

5. Full Name of Mother, Adeline Johnson

6. Mother's Maiden Name, "

7. Mother's Birthplace, Va.

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Charles Greer

Address, "

Remarks, "

Section 1. Any person further enacted and ordained that every person who shall hereafter take place in the waters, in the city of Baltimore, under which such birth, and shall contain a list of the births which have been conferred by the Commission of Health, and shall set forth the sex, color, the full name of each child, the date and place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of medicine, and the name of the attendant upon the birth, shall report its birth to the Commission of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1888  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) \_\_\_\_\_

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 30th 1881

4. Place of Birth, (Street and Number) 1116 Maryland Ave

5. Full Name of Mother, Callahan

6. Mother's Maiden Name, \_\_\_\_\_

7. Mother's Birthplace, \_\_\_\_\_

8. Full Name of Father, John Callahan

9. Father's Occupation, machinist

10. Father's Birthplace, \_\_\_\_\_

Name of Medical Attendant, or other person who makes this Return, Mr. B. Billings

Address, 1206 E. Preston St

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 1909  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) *boy*
2. Race or Color, (if not of the white race) .....
3. Date of Birth, *30 November*
4. Place of Birth, (Street and Number) *1234 E. Cager St*
5. Full Name of Mother, *Marie Berschmitt*
6. Mother's Maiden Name, *Leppisch*
7. Mother's Birthplace, *Balt.*
8. Full Name of Father, *Peter Berschmitt*
9. Father's Occupation, *cutler*
10. Father's Birthplace, *Balt.*
- Name of Medical Attendant, or other person who makes this Return, *Anna Waldman*
- Address, *928 N. Cent. Av.*
- Remarks, .....

11-30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) *Boy*
2. Race or Color, (if not of the white race).....
3. Date of Birth, *31 & December Nov*
4. Place of Birth, (Street and Number) *1112 Eager st.*
5. Full Name of Mother, *Hannie Loung*
6. Mother's Maiden Name, *Lang*
7. Mother's Birthplace, *Ball. Calif*
8. Full Name of Father, *Joseph Loung*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Ball.*
- Name of Medical Attendant, or other person who makes this Return, *Anna Walter*
- Address, *928 N. Cent St.*
- Remarks, .....

# RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Molher's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,



And be it further enacted, that every person practicing midwifery in the City of Baltimore, who shall enter the same, shall be liable to be examined by the Registrar of Health, and shall set forth as far as possible, the name, sex, color, the full name of the child, the date of birth, the place of birth, the name of the mother, the name of the father, the name of the physician or practitioner of midwifery, or should in or person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons to report its birth to the Registrar of Health, in the manner and within the period above provided, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 102792

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3<sup>rd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 9/97

4. Place of Birth, (Street and Number) 207 N Gay St

5. Full Name of Mother, Bessie Fried

6. Mother's Maiden Name, Hamburger

7. Mother's Birthplace, Balt.

8. Full Name of Father, Emanuel Fried

9. Father's Occupation, Merchant.

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Edwin P. Brown

Address, 208 N Gay St

Remarks,

And be it further enacted, that every person practicing midwifery in the City of Baltimore, under the provisions of the Act in that behalf passed, shall keep a true and correct register of such birth, and shall cause the same to be entered in a book, to be kept by him or her, and which shall contain a list of the names of the children born, the date of birth, the sex, the race or color, the place, and the name of the mother, and shall be subject to the inspection of the Commissioner of Health, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 17593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 17th. 1891

4. Place of Birth, (Street and Number) A. E. Cor. Pratt & Grough Sts.

5. Full Name of Mother, Matilda Frankenburg

6. Mother's Maiden Name, Matilda Nachbar

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Albert J. Frankenburg

9. Father's Occupation, Lithographer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, Calvert & Draper Sts.

Remarks, \_\_\_\_\_

L-02893 1/2

L 02893

Male.

Advised

Oct 3rd 1891

1524 Bolton Alley.

Wm. C. Goodwin

South Ann - England  
Richmond 25

Richmond Va.  
in Wesley Goodin

John Wesley Goodin

Private Miter  
Ballou

Baltimore Md

Person who  
Return. Wm. H. El  
2206 E. Main

2506 Spring St

Section 10. Every person practicing within the City of Baltimore, who is engaged in the business of midwifery, shall keep a record of all births occurring within the City, and shall file a copy of such record with the Commissioner of Health, and shall be subject to the inspection of the Commissioner of Health, and shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

2-02894  
RETURN OF A BIRTH.  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 7th 1892

4. Place of Birth, (Street and Number) 1321 N. Calvert St.

5. Full Name of Mother, May Holland

6. Mother's Maiden Name, Mrs. R. Thompson

7. Mother's Birthplace, Massachusetts

8. Full Name of Father, W. L. Holland

9. Father's Occupation, Life Insurance Agent

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton M.D.

Address, S. W. Cor. Calvert & Brenton Sts.

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) female  
white

3. Date of Birth, September 4, 1891

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, James G. Childs, Jr.

6. Mother's Maiden Name, Lillian Chapman

7. Mother's Birthplace, Address  
Lynn

8. Full Name of Father, *William Thomas*

9. Father's Occupation, *William Chapman*  
*Iron Mill*

10. *Father's Birthplace*,.....

Name of Medical Attendant, or other person who makes this report Massachusetts  
William B

Address, J. W. Co. 903

Remarks, .....

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, December 25-1892

4. *Place of Birth, (Street and Number)* 1211 Smith St

5. Full Name of Mother, Saram Am. 123

6. Mother's Maiden Name, .....

7. Mother's Birthplace, Wilmington, Del.

8. Full Name of Father, Frank Harris

9. Father's Occupation, Bank Dealer

10. *Father's Birthplace,* *West-Prussia* 9/2

Name of Medical Attendant, or other person who makes this Return. Lucinda H. H. H.

Address, ... 1207 Smith St

Remarks,

See front. And the Registrar of Health, Baltimore, shall keep a true and correct record of the births occurring in the city of Baltimore, and shall enter the same on a blank schedule, to be provided for that purpose, and shall set forth as follows: the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of the mother, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person, in attendance upon the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) \_\_\_\_\_

3. Date of Birth, Dec. 28/91

4. Place of Birth, (Street and Number) 1041 Eutaw St.

5. Full Name of Mother, Carrie Rosenheim

6. Mother's Maiden Name, " Schlessinger

7. Mother's Birthplace, Bab.

8. Full Name of Father, Samuel Rosenheim

9. Father's Occupation, Salesman

10. Father's Birthplace, Bab.

Name of Medical Attendant, or other person who makes this Return, Edmund P. M. Driscoll

Address, 208 Avenue C

Remarks, \_\_\_\_\_

RETURN OF A BIRTH. 1998  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Monday December 28 1891*
4. Place of Birth, (Street and Number) *2106 Ething Street*
5. Full Name of Mother, *Lassie Hayes Bailey*
6. Mother's Maiden Name, *Lassie Byers*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Joseph Henry Bailey*
9. Father's Occupation, *druggist*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Sarah Rawlings*
- Address, *1610 Vincent Alley*
- Remarks,



1999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) /

1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) Colored  
3. Date of Birth, December 23/1891  
4. Place of Birth, (Street and Number) 133 1/2 Henrietta St  
5. Full Name of Mother, Martha Jane Nixon  
6. Mother's Maiden Name, Martha Smith  
7. Mother's Birthplace, Baltimore  
8. Full Name of Father, Alfred Nixon  
9. Father's Occupation, Laborer  
10. Father's Birthplace, Millington N. C.  
Name of Medical Attendant, or other person who makes this Return, Anglin Wilson  
Address, 218 N. Cross St  
Remarks, No.

WM. J. C DULANY & CO , CITY PRINTERS AND STATIONERS

100000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c 2

1. Sex, (state whether male or female) *female*  
2. Race or Color, (if not of the white race) *Collored*  
3. Date of Birth, *Dec 31 1891*  
4. Place of Birth, (Street and Number) *1049 Sharp St*  
5. Full Name of Mother, *Lerina Perry*  
6. Mother's Maiden Name, *Lerina Johnson*  
7. Mother's Birthplace, *Calvert Co. Md.*  
8. Full Name of Father, *John Perry*  
9. Father's Occupation, *Head Mesic*  
10. Father's Birthplace, *Calvert Co. Md*  
Name of Medical Attendent, or other person who makes this Return. *Angela Wilson*  
Address, *218 W. 1st St*  
Remarks, *No.*

RETURN OF A BIRTH. *L 2901*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

48 Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1112 1/2 Avenue

Remarks,

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

WM. J. C. DULANY &amp; CO., CITY PRINTERS AND STATIONERS

L-02903  
AL02903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Caucasian*
3. Date of Birth, *December 26<sup>th</sup> 1891*
4. Place of Birth, (Street and Number) *1927 Schiller St. Chicago*
5. Full Name of Mother, *Harriet Ellen Waters*
6. Mother's Maiden Name, *Harriet Ellen*
7. Mother's Birthplace, *Baltimore County*
8. Full Name of Father, *William Henry Waters*
9. Father's Occupation, *Driver*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Sarah E. West*
- Address, *2206 Clifton St.*
- Remarks, \_\_\_\_\_

WM. J. O'DULANE & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-13-57

Frank Keller Lough

1. Sex, (state whether male or female)

*(continued)*

4. *Place of Birth, (Street and Number)*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. Father's Birthplace, Bethlehem

Name of Medical Attendant, or other person who makes this Return, A. E. Miller

Address, 2206 E. 1st St.

Remarks, .....

L-02905  
H. L. A. 05

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11 December*

4. Place of Birth, (Street and Number) *2147 Division St., Baltimore*

5. Full Name of Mother, *Mrs. Victoria Taylor*

6. Mother's Maiden Name, *Victoria Welch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *George W. Taylor*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Sarah E. Set*

Address, *2206 Ewing St.*

Remarks,

WM. J. O. DULANY & CO., CITY PRINTERS AND STATIONERS



RETURN OF A BIRTH. 17-906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

*No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)*

1. *Sex, (state whether male or female).*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

*Address,*

Remarks

Sarah E. Root  
2206 Ething St.



Section 2. And be it further enacted, that every person practicing medicine in the City of Baltimore, who is not a member of the Board of Health, shall keep in the City of Baltimore, a register of such births as shall be reported to him by the Board of Health, and shall enter the same on a blank schedule furnished by the Commissioner of Health, and shall set forth as far as the same may be ascertained, the full name of each child, the sex, the date and place of birth, the name of the mother, the name of the father, the name of the physician or midwife, the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in 1892.

RETURN OF A BIRTH. 102807  
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1  
1. Sex, (state whether male or female) boy  
2. Race or Color, (if not of the white race) 2  
3. Date of Birth, 28 Decembre  
4. Place of Birth, (Street and Number) 1037 Cent. Av.  
5. Full Name of Mother, Lida Luks  
6. Mother's Maiden Name, Thosler  
7. Mother's Birthplace, Germanie  
8. Full Name of Father, John Luks  
9. Father's Occupation, carpenter  
10. Father's Birthplace, Germanie  
Name of Medical Attendant, or other person who makes this Return, Anna Waller  
Address, 928 N. Cent. Av.  
Remarks,

And every birth shall be reported to the Registrar of Births, and shall contain a list of the births which have occurred during the month, and shall be delivered, duly signed by the physician or practitioner of medicine, immediately thereafter it shall become the duty of the Registrar of Births to report the same to the Board of Health, in the manner and within the time above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other penalties and forfeitures are recoverable.

# RETURN OF A BIRTH. 1908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12-31-91

4. Place of Birth, (Street and Number) 15-16 Lombard St

5. Full Name of Mother, Mary Schmidt

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Prussia

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Charles Green

Address, " "

Remarks, " "

1. 1000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12-27-9

4. Place of Birth, (Street and Number) 0-26 Long Lane MS

5. Full Name of Mother, Barbara Louise

6. Mother's Maiden Name, \_\_\_\_\_

7. *Mother's Birthplace.*.....

8. *Full Name of Father*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Charles Green

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 18210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2 21

1. Sex, (state whether male or female) Male

2. *Race or Color.* (if not of the white race)

3. *Date of Birth,* ..... 2007.97

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return,

*Address,*

Remarks,



## RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &amp;c.) 279

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 12-19-91

4. Place of Birth, (Street and Number) 115 W. Lombard St

5. Full Name of Mother, Julia Borum

6. Mother's Maiden Name, " "

7. Mother's Birthplace, 2/2

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Charles Borum

Address, " "

Remarks, " "

Not to be filled out by the Registrar, but by the Medical Attendant, or other person who makes this Return. This schedule shall contain a list of the birth, sex, name, race or color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, father's name, father's birthplace, father's occupation, and remarks. It shall be filled out by the Medical Attendant, or other person who makes this Return, and shall be filed in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period of time required, and any such person or persons who fail to do so shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH, AL02913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 2-16-91

4. Place of Birth, (Street and Number) 115 W. Lombard St

5. Full Name of Mother, Harriet Small

6. Mother's Maiden Name, " "

7. Mother's Birthplace, MD

8. Full Name of Father, " "

9. Father's Occupation, " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Walter Green

Address, " "

Remarks, " "

Health Officer, Baltimore City, shall keep a record of the birth of every child born in the City of Baltimore, and shall set forth as far as the same can be ascertained, the name, sex, color, date of birth, place of birth, and the name of the mother, and shall also set forth the name of the physician or midwife attending the birth, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH 102814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Nov 15 - 91

4. Place of Birth, (Street and Number) 115 W Lombard St

5. Full Name of Mother, Annie Johnson

6. Mother's Maiden Name, "

7. Mother's Birthplace, La.

8. Full Name of Father, "

9. Father's Occupation, "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address, 115 W Lombard St

Remarks, "



And be it further enacted, that every person who shall deliver a child, or who shall be present at the delivery of a child, shall keep a true and correct register of such births, and shall cause the same to be entered in the schedule hereinafter provided for that purpose, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been born, the date and place of birth, and the name of the mother, and the name of the father, and the name of the physician or practitioner of medicine, or of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered in the manner and forfeitures are recoverable.

# RETURN OF A BIRTH. **A** 172915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Dec 16 97

4. Place of Birth, (Street and Number) 1570 Lombard St

5. Full Name of Mother, Anna Holmes

6. Mother's Maiden Name, W.

7. Mother's Birthplace, W.

8. Full Name of Father, W.

9. Father's Occupation, W.

10. Father's Birthplace, W.

Name of Medical Attendant, or other person who makes this Return, Charles Greene

Address, 110 2d Lombard St

Remarks,

~~SECRET~~

[illegible]

Male

50

12-16-91

10-21-1941

Reuben Daniels

10

万平

Charles Green

• L-2912

City.

PK

*John Doe*

Blank

12-10-9

*E. Z. Lander*

*Priscilla Lawrence*

1000

.....x.....

Charles Greene

2-02918  
L.A. 508

[illegible]

1. Sex, (state whether male or female) Male

3. *Date of Birth.* 12-8-94

5. Full Name of Mother: Mary E. Jones

6. Mother's Maiden Name, " " " "

8. *Full Name of Father*, .....

10. *Father's Birthplace,* Albany

Address, \_\_\_\_\_

Not to be filled out by the Registrar, but by the Medical Attendant, or other person who makes this Return. The Registrar shall enter the same on a blank schedule, to be furnished by the Registrar, and shall set forth as far as the same can be ascertained, the name of each child, its sex, color, the full name and occupation of its mother, the date of its birth, the place of its birth, the full name of its father, the date of his birth, the occupation of its father, the name of the medical attendant, or other person who makes this Return, and the date of its birth. In case the birth of any child is reported to the Registrar by the medical attendant, or other person who makes this Return, the Registrar shall immediately thereafter call on the medical attendant, or other person who makes this Return, to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as damages and forfeitures are recoverable.

# RETURN OF A BIRTH. 102319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth. 12-7-9

4. Place of Birth, (Street and Number) 15 W Lombard St

5. Full Name of Mother, Rachel Anderson

6. Mother's Maiden Name, " " " "

7. Mother's Birthplace, Md

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Charles Goerne

Address,

Remarks,

Particulars of such births, and of such deaths, shall be entered in the register of such births, and of such deaths, respectively, by the Commissioner of Health. This schedule shall contain a list of the births which have occurred within any one month, and shall set forth as far as the same can be ascertained the name of each child, the date and place of its birth, the name of the mother, the name of the father, the name of the physician or other person who attended the birth, the name of the person or persons who shall hereafter fail to comply with the provisions of this section, and the name of the person or persons who shall hereafter fail to comply with the provisions of this section. The name of the person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

100-20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) / 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. *Date of Birth,* ..... 26 Feb 4-91

4. *Place of Birth.* (Street and Number) 110-26 Linden St

5. Full Name of Mother, Mary Robie

6. *Mother's Maiden Name.*

7. *Mother's Birthplace*,..... *Mo*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

*Name of Medical Attendant,* or other person who makes this Return.

Address,

Remarks.

Charles Greene

SECTION 7. And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore, who is not a duly licensed midwife, shall keep a true and correct record of all births occurring in the City of Baltimore, and shall enter the same on a blank form provided for that purpose by the Board of Health, and shall set forth in full the name of the child, the date and place of birth, the sex, the color, the full name and occupation of its parents, the date and place of birth of the mother, and the name of the physician or practitioner of midwifery, or other person, who attended the birth of the child, and shall sign the certificate in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, or to the office of the Registrar of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 102321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 19th. 1898
4. Place of Birth, (Street and Number) 936 E. Bedford St
5. Full Name of Mother, Ella Hopple
6. Mother's Maiden Name, Ella Kelly
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Samuel S. Hopple
9. Father's Occupation, Blacksmith in N.C. R.R. Employe
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other person who makes this Return, W. H. C. Leaburn, M.D.
- Address, S. W. Cor. Leaburn & Preston Sts
- Remarks, \_\_\_\_\_

Section 7. - And be it further enacted, That any person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, who shall fail to register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall be liable to a fine of ten dollars for each offense, to be recovered as other fines are recoverable.

# RETURN OF A BIRTH. L00322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 16th 1891

4. Place of Birth, (Street and Number) 1618 Barclay St.

5. Full Name of Mother, Elizabeth Schwalenberg

6. Mother's Maiden Name, Elizabeth Shepherd

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Frank A. Schwalenberg

9. Father's Occupation, M.C. R. R. Employee (Engineer)

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Weimer, Bonten, M.D.

Address, S.W. Cor. Calvert & Pruton Sts.

Remarks,



SECTION 7.—And be it further enacted, That every person practicing midwifery in the City of Baltimore, under whose charge or superintendence a birth shall occur, shall, within the first month after the birth, register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall also enter on said schedule the full name of each child, of any shall have been conferred its sex, color, the full name of the mother, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

## RETURN OF A BIRTH. 102423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17th. 1891
4. Place of Birth, (Street and Number) 1609 N. Bond St.
5. Full Name of Mother, Anna Pinnig
6. Mother's Maiden Name, Anna Evans
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Pinnig
9. Father's Occupation, Contractor and Builder
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, William Brinton M.D.
- Address, S.W. Cor. Calvert & Preston Sts.
- Remarks, \_\_\_\_\_

## RETURN OF A BIRTH. 18924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). Female

2. Race or Color, (if not of the white race). *White*

3. Date of Birth, December 9<sup>th</sup> 1863

4. *Place of Birth, (Street and Number)* 1529 N. 16th Street

5. Full Name of Mother, Clarence E. Woodard & Bessie

6. *Mother's Maiden Name.* Ellen E. Lundgren

7. Mother's Birthplace England

8. Full Name of Father Wm. B. Bell

9. Father's Occupation *Farmer & Dander*

10. Father's Birthplace Doolkeeper

10. Patient's Birthplace, Baltimore, Md  
Name of Medical Attendant or other person, Dr. B. J. ...

Name of Medical Attendant, or other person who makes this Return, Primer Horton, M.D.  
Address 1402 14th St. S. E.

Address, 1600 Calvert Ave. Preston St.

Remarks, .....

Section 2. And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore, who shall be licensed by the Board of Health, shall keep a true and correct register of such birth and shall, at the expiration of each month, deliver to the Registrar of Health, a schedule containing a list of the births which have occurred during the said month, and shall set forth as far as the same can be ascertained the full name of the mother, the date and place of birth, the sex, color, the full name and occupation of the practitioner, the date and place of birth of the child, the day of each and every month to the office of the Commissioner of Health. In case the birth of any child has occurred without the attendance of a physician or practitioner of Health, or should no other person be in attendance, the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

# RETURN OF A BIRTH. 18925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 children

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Dec 25 1891

4. Place of Birth, (Street and Number) 1344 71 re street

5. Full Name of Mother, Mrs. Geo. Nelson

6. Mother's Maiden Name, Mrs. Geo. Barber

7. Mother's Birthplace, St. Mary's County Md

8. Full Name of Father, George J. Nelson

9. Father's Occupation, Gen'l Work

10. Father's Birthplace, Chaplin St. Mary's County Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Jones

Address, 1337 Whalcoat street

Remarks, \_\_\_\_\_

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

*Name of Medical Attendant,* or other person who makes this Return.

*Address,*

Remarks,

[illegible]

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SECTION 1. And the further enacted, that every person practicing midwifery in the City of Baltimore, who is not a duly licensed physician or practitioner of medicine, shall keep a true and correct register of such births, and shall file the same with the Commissioner of Health, on or before the first day of each month, and shall also file a list of the names of the persons who have been conferred the right to practice midwifery, with the Commissioner of Health, on or before the first day of each month. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons be in attendance upon the mother, immediately thereafter it shall become the duty of such person or persons to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child, Florence Eisinger  
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th  
1. Sex, (state whether male or female) Female  
2. Race or Color, (if not of the white race) White  
3. Date of Birth, Oct. 18th/92  
4. Place of Birth, (Street and Number) 113 Canoll Ave.  
5. Full Name of Mother, Louisa Eisinger  
6. Mother's Maiden Name, Louisa Schmidt  
7. Mother's Birthplace, Balto. City  
8. Full Name of Father, George Eisinger  
9. Father's Occupation, Wood Carver  
10. Father's Birthplace, Balto. City  
Name of Medical Attendant, or other person who makes this Return, W. H. Hartman  
Address, 815 Jefferson Ave.  
Remarks, Was under the impression that

I had seen these boys  
be more careful in future W. H. Hartman

Affidavit  
 Insurance  
 CORRECTED BY  
 SEE DOCUMENT FILE  
 DATE 2/27/40  
 1-229  
 Monitor  
 CLERK

[illegible]

# RETURN OF A BIRTH.

12-029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2<sup>nd</sup>

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) *White*

3. *Date of Birth,* *Oct. 26<sup>th</sup>/92*

4. Place of Birth, (Street and Number), Cincinnati Lane

5. Full Name of Mother, Nattie Beck

6. *Mother's Maiden Name,* Miss

7. Mother's Birthplace, *Pa*

8. Full Name of Father, Conrad Beck

9. Father's Occupation. *General Doctor*

10. Father's Birthplace *Wagah, Punjab*

Name of Medical Attendant, or other person who makes this Return, *Dr. J. B. Whitman*

Address, 815- Jefferson Ave

Remarks,



Extract Regr. Health Dr. Baltimore City, Md. No. 1234567890. This is to certify that the child named above was born on the 28th day of December, 1922, at the residence of the mother, Emma Burkhardt, in the City of Baltimore, Md. The child was born at term, full term, and was healthy at birth. The mother was healthy at the time of delivery. The father, George Burkhardt, is a resident of Baltimore, Md. The child was born at the residence of the mother, Emma Burkhardt, in the City of Baltimore, Md. The child was born at term, full term, and was healthy at birth. The mother was healthy at the time of delivery. The father, George Burkhardt, is a resident of Baltimore, Md. The child was born at the residence of the mother, Emma Burkhardt, in the City of Baltimore, Md. The child was born at term, full term, and was healthy at birth. The mother was healthy at the time of delivery. The father, George Burkhardt, is a resident of Baltimore, Md.

# RETURN OF A BIRTH. L-2330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 28<sup>th</sup> 1922
4. Place of Birth, (Street and Number) Jenkins Lane
5. Full Name of Mother, Emma Burkhardt
6. Mother's Maiden Name, Emma Schanze
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George Burkhardt
9. Father's Occupation, Garbage Collector
10. Father's Birthplace, Baltimore City
- Name of Medical Attendant, or other person who makes this Return, W. H. Arnold
- Address, 815 Jefferson Ave.
- Remarks, \_\_\_\_\_



# RETURN OF A BIRTH. *AL 2931*

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec. 17/92*

4. Place of Birth, (Street and Number) *1331 Valley st.*

5. Full Name of Mother, *Mary Thunting*

6. Mother's Maiden Name, *" Curran*

7. Mother's Birthplace, *Bellw.*

8. Full Name of Father, *William Thunting*

9. Father's Occupation, *Craftman*

10. Father's Birthplace, *Fredrick. Md*

Name of Medical Attendant, or other person who makes this Return, *Edmund P. M. D. D. D.*

Address, *208 Annapolis st*

Remarks,

## CERTIFICATE OF CAMERA OPERATOR

I hereby certify that the documents represented by the micrographics appearing on this roll of film designated as Reel No. CR 77, 465 were photographed by the undersigned on this date.

L02344 - L02931

Reel begins with 1886

Reel ends with 1892

By RONALD DOYLE

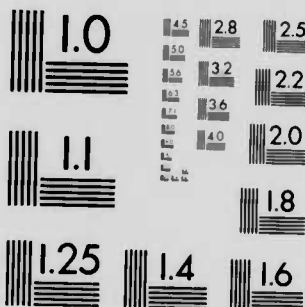
Date 8-7-96

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Maryland State Archives

# MARYLAND STATE ARCHIVES

PM-1 3½"x4" PHOTOGRAPHIC MICROCOPY TARGET  
NBS 1010a ANSI/ISO #2 EQUIVALENT



PRECISION<sup>SM</sup> RESOLUTION TARGETS

PIONEERS IN METHYLENE BLUE TESTING SINCE 1974

**MicroD**

10000 COUNTY ROAD 3, BURRISVILLE, MD 21037, USA  
TEL: 512 436 7867 FAX: 512 436 7867 TLX: 5100009488

